

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

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City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: 44 AUTO CONCEPTS, INC.

Mailing Address: 21 OAKDALE AVE

City, State Zip Country: JOHNSTON, RI 02919 USA

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City, State Zip Country: JOHNSTON, RI 02919 USA

Last Name (i.e. Family Name or Surname): LAURO DAMBROSCA *First Name:* DORINA

Mailing Address: 33 STANLEY MOWRY RD

City, State Zip Country: FOSTER, RI 02825 USA

SECURED PARTY INFORMATION

Org. Name: CHTD COMPANY

Mailing Address: P.O. BOX 2576

City, State Zip Country: SPRINGFIELD, IL 62708 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3100 90092

COLLATERAL

COLLATERAL: ALL PRESENT AND FUTURE ASSETS OF THE DEBTOR THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES & INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT UCCSPREP@CSCGLOBAL.COM.