UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **CENTRAL PAPER CO., INC.**

Mailing Address: **400 GLENWOOD AVE**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

SECURED PARTY INFORMATION

Org. Name: **VFS US LLC**

Mailing Address: **P.O. BOX 26131**

City, State Zip Country: **GREENSBORO, NC 27402 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 501-7837343-006 3111 92884

COLLATERAL

2025 MACK MD742, VIN 1M2MDBAB4SS077409 WITH THE FOLLOWING EQUIPMENT OR ACCESSORIES: BOX TRUCK; TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS AND REPLACEMENTS AND ANY AND ALL CASH AND NON-CASH PROCEEDS THEREOF, INCLUDING, WITHOUT LIMITATION, INSURANCE PROCEEDS. THE COLLATERAL SET FORTH HEREIN IS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE AS ENACTED IN THE STATE OF THIS FILING.