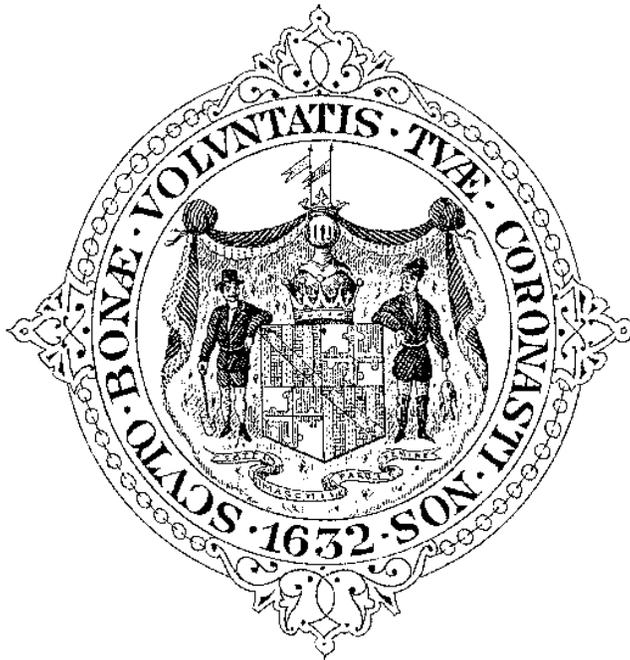

MARYLAND STATE DEPARTMENT OF
ASSESSMENTS AND TAXATION
UCC ONLINE ELECTRONIC FILING USER GUIDE



Division of Business Filings

301 W. Preston St.
Baltimore, MD 21201
(410) 767-1184

Outside the Baltimore Metro Area 888-246-5941 | Maryland Relay 800-735-2258

Email: sdat.ucc@maryland.gov

<https://SDAT/UCCFiling/UCCMainPage.aspx>

IN PARTNERSHIP WITH



TABLE OF CONTENTS

Table of Contents	2
1.0 – Introduction	4
2.0 – Application Elements	5
2.01 – Instructions	5
2.02 – Progress Indicator	5
3.0 – Main Menu	6
4.0 – UCC-1, Start a New Filing	7
4.01 – Contact Information	7
4.02 – Debtor Information	8
4.03 – Secured Party Information	11
4.04 – Collateral Information	14
4.05 – Additional Information	17
4.06 – Filing Summary	17
4.07 – Filing Fees Payment	20
4.08 – Acknowledgment Copy and Receipt	21
5.0 – UCC-3 Amendment	23
5.01 – Contact Information	23
5.02 – Filing Number Lookup	24
5.03 – Amendment Action	24
5.04 – Authorizing Party	26
5.05 – Miscellaneous	26
5.06 – Filing Summary	26
5.07 – Filing Fees Payment	28
5.08 – Acknowledgment Copy and Receipt	29
6.0 – UCC-3 Assignment	31
6.01 – Contact Information	31
6.02 – Filing Number Lookup	31
6.03 – Assignment Action	32
6.04 – Collateral Assignment	32
6.05 – Authorizing Party	34
6.06 – Miscellaneous	34

6.07 – Filing Summary	34
6.08 – Filing Fees Payment	36
6.09 – Acknowledgment Copy and Receipt	37
7.0 – UCC-3 Continuation	39
7.01 – Contact Information	39
7.02 – Filing Number Lookup.....	40
7.03 – Authorizing Party	41
7.04 – Miscellaneous	41
7.05 – Filing Summary	41
7.06 – Filing Fees Payment	42
7.07 – Acknowledgment Copy and Receipt	44
8.0 – UCC-3 Termination	46
8.01 – Contact Information	46
8.02 – Filing Number Lookup.....	47
8.03 – Authorizing Party	48
8.04 – Miscellaneous	48
8.05 – Filing Summary	49
8.06 – Filing Fees Payment	50
8.07 – Acknowledgment Copy and Receipt	51
9.0 – UCC-5, INFORMATION Statement	53
9.01 – Contact Information	53
9.02 – Filing Number Lookup.....	53
9.03 – INFORMATION Statement	54
9.04 – Authorizing Party	54
9.05 – Filing Summary	55
9.06 – Filing Fees Payment	57
9.07 – Acknowledgment Copy and Receipt	58
10.0 –Search by Name	60
10.01 – Search Criteria	63
10.02 – Search Results.....	64
10.03 – Select Filings for Retrieval.....	64
10.04 – Order Summary and Contact Information	66
10.05 – Filing Fees Payment	66

10.06 – Acknowledgment Copy and Receipt	68
11.0 –Search by Filing Number	69
11.01 – Search Criteria	69
11.02 – Search Results and Select Filings for Retrieval.....	70
11.03 – Order Summary and Contact Information	71
11.04 – Filing Fees Payment	71
11.05 – Acknowledgment Copy and Receipt	72
Appendix A – Information You Should Know.....	76

1.0 – INTRODUCTION

The Maryland State Department of Assessments and Taxation’s office has served as the central filing office for public notices of secured transactions under Revised Article 9 of the Uniform Commercial Code. These public notices, called financing statements, indicate a commercial agreement between a debtor and a secured party.

Financing statements are filed by banks, mortgage companies, and other lending institutions against secured collateral. Searches of financing statements provide information on secured collateral. When a debtor pledges collateral on a loan, UCC search results tell lenders if others have filed a claim against the same collateral.

The Maryland State Department of Assessments and Taxation’s UCC Online system provides users with the capability to file all UCCs immediately and to conduct searches that will provide the user with immediate results. The delay normally experienced from having to mail in files is eliminated. If the user completes all mandatory fields, the filing is filed immediately. Payment for filings and certified copies may be made using a debit or credit card.

Privacy and security is assured via Secure Sockets Layer (SSL) protocol which encrypts the information being passed between the web server and the user’s computer.

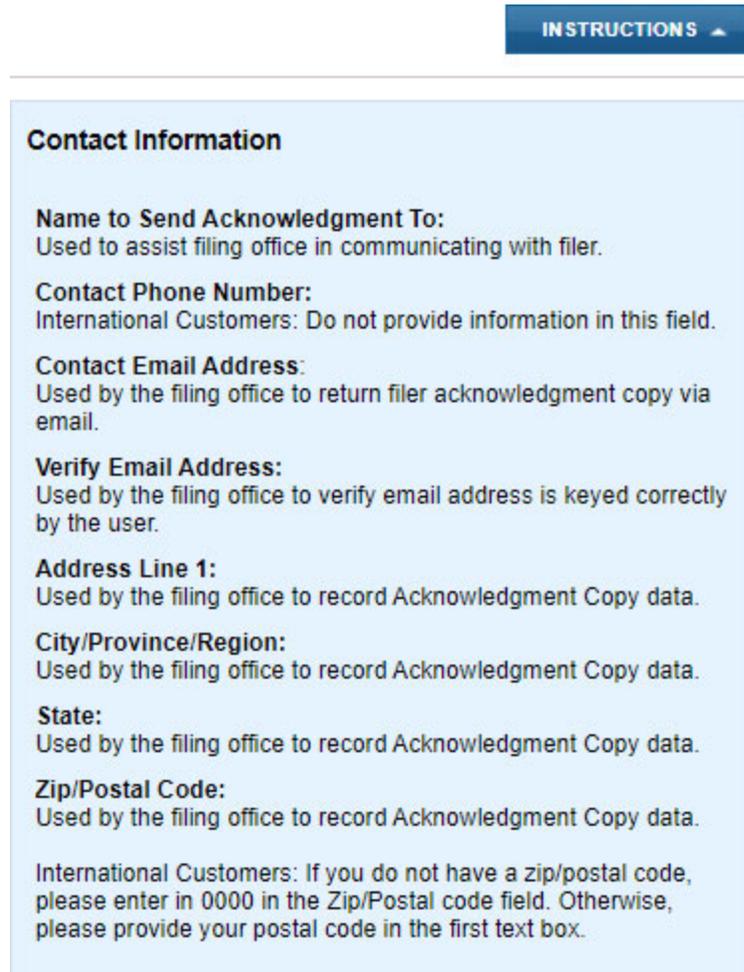
The Maryland UCC Online system is designed to be available 24-hours per day, seven days per week.

We have prepared this user manual to assist you in becoming familiar with the Maryland State Department of Assessments and Taxation’s UCC Online system. In addition, many pages within the application have associated “Instructions” which may be of use. Of course, the Maryland State Department of Assessments and Taxation’s office will be available to assist you as well.

2.0 – APPLICATION ELEMENTS

2.01 – INSTRUCTIONS

Page instructions can be viewed by clicking the Instructions button located at the top left of the page. Instructions will appear below the **INSTRUCTIONS** button.



The screenshot shows a blue button labeled "INSTRUCTIONS" with a small upward-pointing arrow. Below the button is a light blue rectangular panel with a thin border. The panel has a title "Contact Information" in bold. Below the title are several sections, each with a bold heading and a descriptive paragraph:

- Name to Send Acknowledgment To:**
Used to assist filing office in communicating with filer.
- Contact Phone Number:**
International Customers: Do not provide information in this field.
- Contact Email Address:**
Used by the filing office to return filer acknowledgment copy via email.
- Verify Email Address:**
Used by the filing office to verify email address is keyed correctly by the user.
- Address Line 1:**
Used by the filing office to record Acknowledgment Copy data.
- City/Province/Region:**
Used by the filing office to record Acknowledgment Copy data.
- State:**
Used by the filing office to record Acknowledgment Copy data.
- Zip/Postal Code:**
Used by the filing office to record Acknowledgment Copy data.

At the bottom of the panel, there is a paragraph: "International Customers: If you do not have a zip/postal code, please enter in 0000 in the Zip/Postal code field. Otherwise, please provide your postal code in the first text box."

Click the **INSTRUCTIONS** button again to remove the page instructions from displaying on the page.

2.02 – PROGRESS INDICATOR

During the filing process, each page displays a progress indicator. The progress indicator provides the user with a visual representation of where they are in the filing process. The current step is highlighted.

3.0 – MAIN MENU

This page provides the user with options to file a UCC-1, UCC-3, or UCC-5 as well as options to search filings by name or filing number. Please note the disclaimer box at the bottom of this page. All users should read and pay special attention to this disclaimer statement.

The screenshot shows the 'Main Menu' of the UCC Online system. It is divided into three main sections: 'UCC Filings', 'UCC Search and Retrieval', and a 'Disclaimer' box at the bottom. The 'UCC Filings' section includes a sub-header 'Save Time - File Online!' and a description that online filers receive an electronic acknowledgment. It lists five links: 'UCC-1 Start a New Filing', 'UCC-3 Amendment', 'UCC-3 Termination', 'UCC-3 Continuation', and 'UCC-3 Assignment'. The 'UCC Search and Retrieval' section includes a sub-header 'View/print up to the minute records of UCC filings recorded with the Maryland Department of Assessments and Taxation Business Services.' and a 'Today's Search Date' of 06/02/2020. It lists two search options: 'Name Search' and 'Filing Number Search'. The 'Disclaimer' box contains text about information collection and a 'Notice: Protect Your Social Security Number' warning that documents are public records and that users should not place their social security numbers on filings.

To begin using the UCC Online system, select one of the UCC Filing or UCC Search and Retrieval options.

The [UCC-1, Start a New Filing](#) link allows you to start the process to file a new initial financing.

The [UCC-3, Amendment](#), [UCC-3, Termination](#), [UCC-3, Assignment](#) and [UCC-3, Continuation](#) links allow you to start the process to file an amendment to an initial financing statement.

The [UCC-5, Information Statement](#) link allows you to start the process to file a correction to an initial financing statement.

The [Name Search](#) link allows you to search active filings by debtor or secured party name.

The [Filing Number Search](#) link allows you to search active filings by filing number.

4.0 – UCC-1, START A NEW FILING

This option is used to file the initial security interest.

The UCC-1 financing statement filing is divided into several web pages. Each page allows for the entry of a specific type of information. Please do not place your social security number on a UCC filing or any other document you submit to the Maryland State Department of Assessments and Taxation. Although we attempt to prevent disclosure of social security numbers, we cannot guarantee that a social security number placed on a document will not be disclosed due to the large number of documents filed. It is the responsibility of the filer to ensure that a social security number is not contained on the filing. Please note that all information entered on the following screens will be displayed on copies of the filing. Filings may be viewed by the public and requested copies may also be made available.

4.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-1 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

The screenshot shows a web form titled "Contact" with an "INSTRUCTIONS" button in the top right corner. The form contains the following fields and options:

- Send Acknowledgment To (Name)**: Text input field.
- Contact Name**: Text input field.
- Contact Phone Number**: Text input field with a mask (____) ____-____.
- Contact Phone Extension**: Text input field.
- Contact Email Address**: Text input field with radio button options:
 - Included on Original Filing
 - Do Not Include on Original Filing
- Verify Contact Email Address**: Text input field.
- Address Line 1**: Text input field.
- Address Line 2**: Text input field.
- City/Province/Region**: Text input field.
- State**: Dropdown menu with "SELECT STATE" as the placeholder.
- Zip/Postal Code**: Two text input fields with masks (____) ____.
- Country**: Dropdown menu with "United States" selected.

At the bottom of the form, there are three buttons: a red "CANCEL" button on the left, and blue "BACK" and "CONTINUE" buttons on the right.

Once the form has been filled out, click the **CONTINUE** button to move to the next step of the filing process.

4.02 – DEBTOR INFORMATION

The Debtor screen is used to allow for the entry of any number of debtors. When the screen is first displayed, the user can select whether the debtor is an individual or an organization. Any fields that should not be provided on the basis of the debtor type will be grayed out.

Information provided on this screen is the same information provided in Sections 1 and 2 of the UCC-1 form and Section 10 of the UCC-1Ad form. Enter only one debtor name in the Organization Name or Individual Name fields per page. If you have more than one debtor to provide, select the **ADD ANOTHER DEBTOR** button after you are done providing the information for the current debtor. If you do not have an additional debtor to add or you are done entering additional debtors, click the **CONTINUE** button to move to the next step of the filing process.

Debtor (Individual) INSTRUCTIONS

You must add at least one debtor before you can continue.

• Debtor Type: Organization
 Individual

*Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

• Individual's Surname

Individual Suffix

• Address Line 1

Address Line 2

• City/Province/Region

• State

• Zip/Postal Code

• Country

CANCEL ADD ANOTHER DEBTOR BACK CONTINUE

If the Debtor Type is an *individual*, note that **Individual First Name, Individual Last Name, Address Line 1, City/Province/Region, State, Zip/Postal Code** and **Country** are all required fields.

Debtor (Organization) INSTRUCTIONS ▾

You must add at least one debtor before you can continue.

• Debtor Type: Organization
 Individual

• Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

Individual's Surname

Individual Suffix

• Address Line 1

Address Line 2

• City/Province/Region

• State

• Zip/Postal Code

• Country

[ADD ANOTHER DEBTOR](#)

[CANCEL](#) [BACK](#) [CONTINUE](#)

If the Debtor Type is an *organization*, note that **Organization Name, Address Line 1, City/Province/Region, State, Zip/Postal Code, Country, Organization Type** and **Organization Jurisdiction** are all required fields.

Debtor

INSTRUCTIONS ▾

DEBTOR LIST		
Debtor Type	Debtor Name	Actions
Individual	John Doe	Edit Remove

• Debtor Type: Organization Individual

*Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

Individual's Surname

Individual Suffix

Address same as First Debtor Address

•Address Line 1

Address Line 2

•City/Province/Region

•State

•Zip/Postal Code

•Country

[ADD ANOTHER DEBTOR](#)

[CANCEL](#) [BACK](#) [CONTINUE](#)

If more than one debtor is entered, each debtor name provided by the user is displayed at the top of the page. If the user determines that information for the debtor is incorrect, the user can easily edit or remove the debtor by selecting the appropriate link.

In order to make online filing as efficient as possible, additional debtors have an option to allow the user to use the same debtor address as the first debtor. By checking the “Address same as First Debtor Address” checkbox, the Address Line 1, Address Line 2, City/Province/Region, State, Zip/Postal Code and Country will be populated with the same information as the first debtor.

Once you have finished entering debtors, click the **CONTINUE** button to move to the next step of the filing process.

4.03 – SECURED PARTY INFORMATION

The Secured Party screen is used to allow for the entry of one or more secured parties. Like the debtor screen, the user can select whether the secured party is an individual or an organization. Any fields that should not be provided on the basis of the secured party type will be grayed out.

Information provided on this screen is the same information provided in Section 3 of the UCC-1 form and Section 11 of the UCC-1Ad form. Enter only one secured party name in the Organization Name or Individual Name fields per page. If you have more than one secured party to provide, select the **ADD ANOTHER SECURED PARTY** button after you are done providing the information for the current secured party. If you do not have an additional secured party to add or you are done entering additional secured parties, click the **CONTINUE** button to move to the next step of the filing process.

Secured Party (Individual) INSTRUCTIONS

You must add at least one secured party before you can continue.

Secured Party Type: Organization Individual

Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

Individual's Surname

Individual Suffix

Secured Party Address is the same as Contact Information Yes No

Address Line 1

Address Line 2

City/Province/Region

State

Zip/Postal Code

Country

ADD ANOTHER SECURED PARTY

CANCEL **BACK** **CONTINUE**

If the Secured Party Type is an *individual*, note that **Individual First Name, Individual Last Name, Address Line 1, City/Province/Region, State, Zip/Postal Code** and **Country** are all required fields.

Secured Party (Organization) INSTRUCTIONS ▾

You must add at least one secured party before you can continue.

Secured Party Type: Organization
 Individual

Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

Individual's Surname

Individual Suffix

Secured Party Address is the same as Contact Information Yes No

Address Line 1

Address Line 2

City/Province/Region

State

Zip/Postal Code

Country

[ADD ANOTHER SECURED PARTY](#)

[CANCEL](#) [BACK](#) [CONTINUE](#)

If the Secured Party Type is an *organization*, note that **Organization Name, Address Line 1, City/Province/Region, State, Zip/Postal Code, and Country** are all required fields.

Secured Party INSTRUCTIONS ▾

SECURED PARTY LIST		
Secured Party Type	Secured Party Name	Actions
Organization	John Doe Corporation	Edit Remove

Secured Party Type: Organization
 Individual

Type: Additional Secured Party
 Assignor Secured Party

Organization Name

Individual's First Name

Additional Name(s)/Initial(s)

Individual's Surname

Individual Suffix

Secured Party Address is the same as Contact Information Yes
 No

Address Line 1

Address Line 2

City/Province/Region

State

Zip/Postal Code

Country

ADD ANOTHER SECURED PARTY

CANCEL **BACK** **CONTINUE**

If more than one secured party is entered, each secured party name provided by the user is displayed at the top of the page. If the user determines that information for the secured party is incorrect, the user can easily edit or remove the secured party by selecting the appropriate link.

In order to make online filing as efficient as possible, additional secured parties have an option to allow the user to use the same address as provided on the Contact Information page (see 6.01). By selecting “Yes” for “Secured Party Address is the same as Contact Information,” Address Line 1, Address Line 2, City/Province/Region, State, Zip/Postal Code and Country will be populated with the same information as provided by the user on the Contact Information page.

Once you have finished entering debtors, click the **CONTINUE** button to move to the next step of the filing process.

4.04 – COLLATERAL INFORMATION

This page allows for the entry or upload of collateral used for security by the secured party(s). The user may type collateral information, paste from text composed in a word processing software (i.e., Word, WordPerfect, Notepad, and WordPad) or upload a file that is in either PDF or TIFF file format.

Collateral (Type Description) INSTRUCTIONS ▾

You must type collateral OR upload collateral information before you can continue filing. Please select an option below to enter collateral.

Type Collateral Description
(Max Length 950 characters)

Upload Collateral Document(s)

T State Department of Assessments & Taxation is not responsible for the correctness or acceptability of listed collateral. Burden is on the Filer to ensure acceptable collateral is listed (tangible assets).

The Financing Statement covers the following collateral:

Max length 950 characters.

[ADD ANOTHER COLLATERAL](#)

[CANCEL](#) [BACK](#) [CONTINUE](#)

Collateral (Upload Documents) INSTRUCTIONS

You must type collateral OR upload collateral information before you can continue filing. Please select an option below to enter collateral.

Type Collateral Description
(Max Length 950 characters)

Upload Collateral Document(s)

Upload Collateral SELECT UPLOAD

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

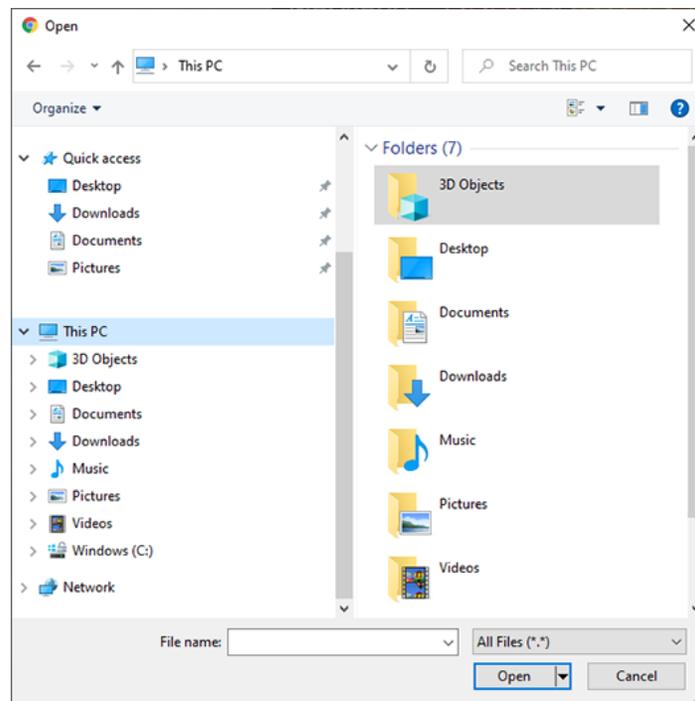
I'm not a robot reCAPTCHA

ADD ANOTHER COLLATERAL

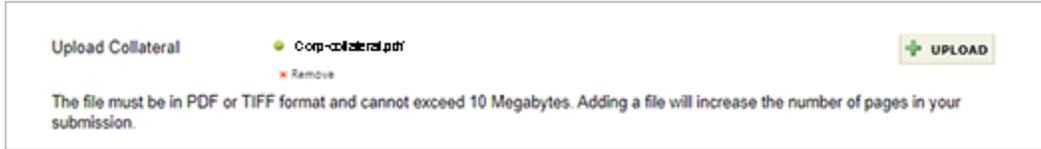
CANCEL BACK CONTINUE

Information provided on this screen is the same information provided in Section 4 of the UCC-1 form and Section 12 of the UCC-1Ad form.

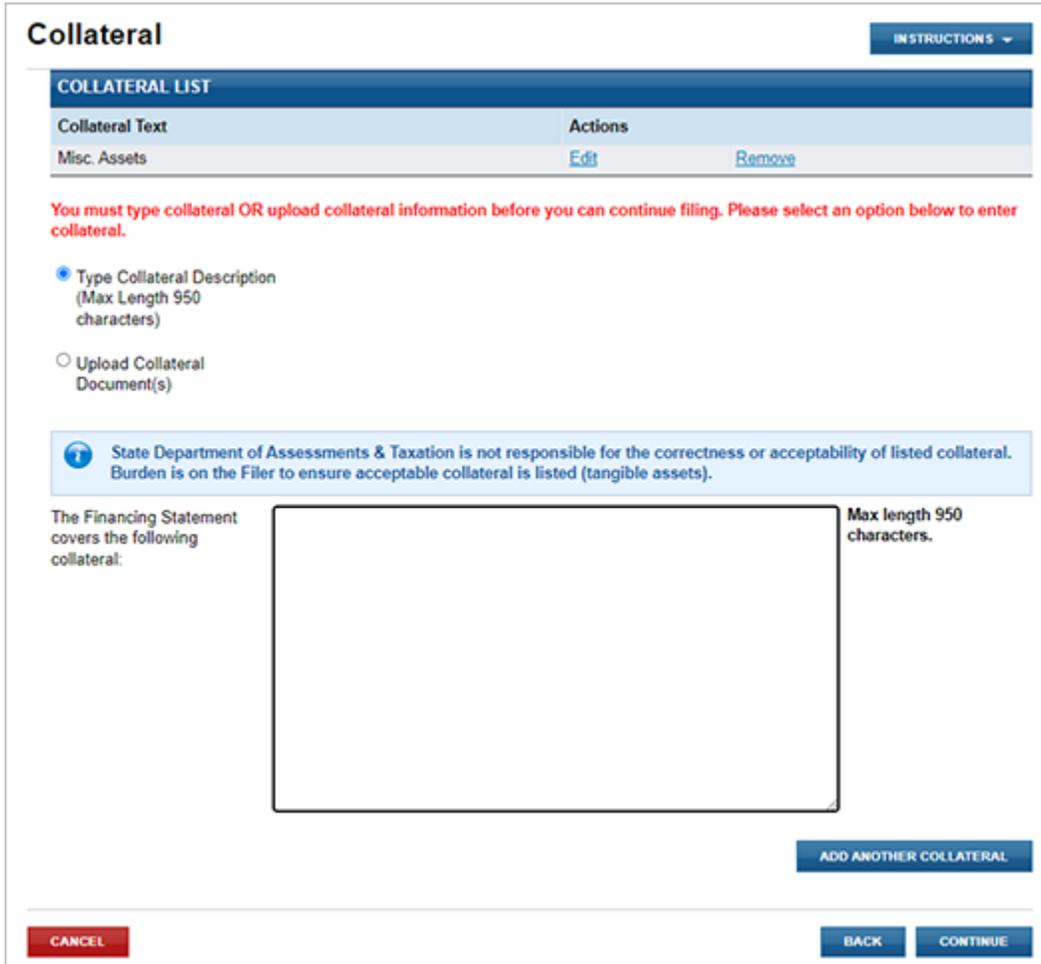
To upload collateral, select the Browse... button and locate the file on your computer you wish to upload and attach to the filing.



Once the file is located, select the file and the click the Open button.



The file you selected will display in the Upload Collateral box. Click the **UPLOAD** button.



If more than one file is uploaded or typed, each collateral entry provided by the user is displayed at the top of the page. If the user determines that information or file associated with the collateral is incorrect, the user can easily edit or remove the collateral by selecting the appropriate link.

Note: Uploading one or more files will increase the number of pages in your submission.

Once you have finished entering collateral, click the **CONTINUE** button to move to the next step of the filing process.

4.05 – ADDITIONAL INFORMATION

The Additional Information screen is used capture any information provided under the following fields: “Alternative Designation” [UCC-1 form, Section 7], “This Financing Statement covers” [UCC-1Ad form, Section 14], “Debtor is a” [UCC-1Ad form, Box 10], “Other”, “Optional Filer Reference Data” [UCC-1 form, Section 8], and “Upload additional information.”

The default value selected for each of these categories is N/A (none). To change, the user simply clicks the selection that is applicable to the filing.

Once you have finished entering additional information, click the **CONTINUE** button to move to the next step of the filing process.

Additional INSTRUCTIONS ▾

Collateral is:[if applicable]

- N/A (none)
- Held in a Trust
- Being Administered by a Decedent's Personal Representative

Other:[if applicable]

- N/A (none)
- Public-Finance Transaction
- Manufactured-Home Transaction
- A Debtor is a TRANSMITTING UTILITY

Other:[if applicable]

- N/A (none)
- Agricultural Lien
- Non-UCC Filing

Alternative Designation:[if applicable]

- N/A (none)
- Lessee/Lessor
- Consignee/Consignor
- Seller/Buyer
- Bailee/Bailor
- Licensee/Licensor

This Financing Statement Covers:[if applicable]

- N/A (none)
- Fixtures
- Timber
- Minerals to be Extracted

Optional Filer Reference Data:

Upload additional information:

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot 

Miscellaneous:

4.06 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation’s Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary

 Your UCC Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe

Contact Address: 123 4th Street
Baltimore, MD 21201
Country: US

Contact Name:

Contact Phone:

Contact Phone Extension:

Contact Email Address: johndoe@email.com

Contact Email To Appear on Filing: NO

DEBTOR INFORMATION

[EDIT DEBTOR\(S\)](#)

Debtor Type: Individual

Individual Name: Jane Doe

Address: 456 7th Street
Baltimore, MD 21201
Country: US

SECURED PARTY INFORMATION

[EDIT SECURED PARTY\(S\)](#)

Secured Party Type: Organization

Organization Name: JOHN DOE CORPORATION

Address: 890 11th Street
Baltimore, MD 21201
Country: US

COLLATERAL

[EDIT COLLATERAL\(5\)](#)

This Financing Statement covers the following collateral:
Shoes

ADDITIONAL INFORMATION

[EDIT INFORMATION](#)

Alternative Designation: N/A
Collateral is: N/A
This Financing Statement is: N/A
Other: N/A
Other: N/A
Miscellaneous: N/A

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
UCC-1 Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

[CANCEL](#) [BACK](#) [CONTINUE](#)

If all of the information in the filing summary is correct, check the **Please Confirm** box and then select the **CONTINUE** button to move to the next step of the filing process.

4.07 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover credit cards or debit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

4.08 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user’s acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation’s Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
[View/Print Documents](#)

Step 2
[View/Print Receipt](#)

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY	
File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED		
Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

SAMPLE ACKNOWLEDGMENT COPY

	UCC-1																																													
UCC FINANCING STATEMENT																																														
FOLLOW INSTRUCTIONS																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">A. NAME & PHONE OF CONTACT AT FILER (optional)</td></tr> <tr><td style="padding: 2px;">B. E-MAIL CONTACT AT FILER (optional)</td></tr> <tr><td style="padding: 2px;">C. SEND ACKNOWLEDGMENT TO: (Name and Address)</td></tr> <tr><td style="padding: 2px;">Mr. Spock 234 Winslow Gardens</td></tr> <tr><td style="padding: 2px;">Annapolis, MD 21401</td></tr> </table>	A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	Mr. Spock 234 Winslow Gardens	Annapolis, MD 21401	<p style="text-align: center;">MD DEPT. OF ASSESSMENTS & TAXATION</p> <p style="text-align: center;">160316-1608298 NS</p> <p style="text-align: center;">Lapse Date: 03/16/2021</p> <p style="text-align: center;">Date: 3/16/2016 Time: 4:08 PM Page Count: 1 Pg Debtor Count: 1 Filing Fees: \$25.00 Electronic Records Access: \$0.00 Total: \$25.00 Order ID#: 16161562</p> <p style="text-align: center;">THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</p>																																								
A. NAME & PHONE OF CONTACT AT FILER (optional)																																														
B. E-MAIL CONTACT AT FILER (optional)																																														
C. SEND ACKNOWLEDGMENT TO: (Name and Address)																																														
Mr. Spock 234 Winslow Gardens																																														
Annapolis, MD 21401																																														
<p>1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="5">1a. ORGANIZATION'S NAME</td></tr> <tr><td colspan="5">OR</td></tr> <tr> <td style="width: 30%;">1b. INDIVIDUAL'S SURNAME</td> <td style="width: 20%;">FIRST PERSONAL NAME</td> <td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 10%;">SUFFIX</td> <td style="width: 10%;"></td> </tr> <tr> <td>Kirk</td> <td>James</td> <td>Tiberius</td> <td></td> <td></td> </tr> <tr> <td colspan="2">1c. MAILING ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>POSTAL CODE</td> </tr> <tr> <td colspan="2">2345 Enterprise Drive</td> <td>Starfleet</td> <td>MD</td> <td>21401</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>COUNTRY</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>US</td> </tr> </table>		1a. ORGANIZATION'S NAME					OR					1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		Kirk	James	Tiberius			1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	2345 Enterprise Drive		Starfleet	MD	21401					COUNTRY					US					
1a. ORGANIZATION'S NAME																																														
OR																																														
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																																											
Kirk	James	Tiberius																																												
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE																																										
2345 Enterprise Drive		Starfleet	MD	21401																																										
				COUNTRY																																										
				US																																										
<p>2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="5">2a. ORGANIZATION'S NAME</td></tr> <tr><td colspan="5">OR</td></tr> <tr> <td style="width: 30%;">2b. INDIVIDUAL'S SURNAME</td> <td style="width: 20%;">FIRST PERSONAL NAME</td> <td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 10%;">SUFFIX</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">2c. MAILING ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>POSTAL CODE</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>COUNTRY</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> </table>		2a. ORGANIZATION'S NAME					OR					2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE										COUNTRY										
2a. ORGANIZATION'S NAME																																														
OR																																														
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																																											
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE																																										
				COUNTRY																																										
<p>3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secured Party name (3a or 3b)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="5">3a. ORGANIZATION'S NAME</td></tr> <tr><td colspan="5">Starfleet</td></tr> <tr><td colspan="5">OR</td></tr> <tr> <td style="width: 30%;">3b. INDIVIDUAL'S SURNAME</td> <td style="width: 20%;">FIRST PERSONAL NAME</td> <td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 10%;">SUFFIX</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">3c. MAILING ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>POSTAL CODE</td> </tr> <tr> <td colspan="2">234 Winslow Gardens</td> <td>Annapolis</td> <td>MD</td> <td>21401</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>COUNTRY</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td>US</td> </tr> </table>		3a. ORGANIZATION'S NAME					Starfleet					OR					3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	234 Winslow Gardens		Annapolis	MD	21401					COUNTRY					US
3a. ORGANIZATION'S NAME																																														
Starfleet																																														
OR																																														
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																																											
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE																																										
234 Winslow Gardens		Annapolis	MD	21401																																										
				COUNTRY																																										
				US																																										
<p>4. COLLATERAL: This financing statement covers the following collateral:</p> <p>Collateral</p>																																														
<p>5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative</p> <p>6a. Check <u>only</u> if applicable and check <u>only</u> one box:</p> <p><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility</p> <p>6b. Check <u>only</u> if applicable and check <u>only</u> one box:</p> <p><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing</p> <p>7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor</p> <p>8. OPTIONAL FILER REFERENCE DATA:</p>																																														
(Rev. 04/20/11)																																														

5.0 – UCC-3 AMENDMENT

5.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name), Contact Email Address, Verify Contact Email Address, Address Line 1, City/Province/Region, State, Zip/Postal Code** and **Country** are all required fields.

The screenshot shows a web form titled "Contact" with an "INSTRUCTIONS" link in the top right. The form fields are as follows:

- Send Acknowledgment To (Name)**: Text input field.
- Contact Name**: Text input field.
- Contact Phone Number**: Text input field with a "(...)-...-..." mask.
- Contact Phone Extension**: Text input field.
- Contact Email Address**: Text input field with a radio button option "Included on Original Filing".
- Verify Contact Email Address**: Text input field with a radio button option "Do Not Include on Original Filing".
- Address Line 1**: Text input field.
- Address Line 2**: Text input field.
- City/Province/Region**: Text input field.
- State**: Dropdown menu with "SELECT STATE" as the placeholder.
- Zip/Postal Code**: Two text input fields for zip and postal code.
- Country**: Dropdown menu with "United States" as the selected option.

At the bottom of the form, there are three buttons: "CANCEL" (red), "BACK" (blue), and "CONTINUE" (blue).

5.02 – FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

FILER IS A DEBTOR OR SECURED PARTY

Amendment Request

• Filing Number

• What area would you like to make an amendment to?
 Debtor / Collateral
 Secured Party / Collateral

CANCEL **BACK** **CONTINUE**

5.03 – AMENDMENT ACTION

DEBTOR FILER AMENDMENT ACTIONS

Debtor party filers have the option to amend an existing debtor party(s), add new debtor party(s), and/or amend collateral.

Amendment Selection

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: Any Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

DEBTOR(S)				
Debtor Type	Debtor Name	Address	Status	Action
Organization	John Doe Corporation	123 4th Street Anytown, MD 21305 Country: US	N/A	Edit Delete
Individual	John Doe	567 8th Street Anytown, MD 21305 Country: US	N/A	Edit Delete

ADD NEW DEBTOR

COLLATERAL	
Collateral Description	Type

AMEND COLLATERAL

AMENDMENT - PENDING ACTIONS		
Type	Modified Party	Modification

CANCEL **BACK** **CONTINUE**

SECURED PARTY FILER AMENDMENT ACTIONS

Secured party filers have the option to amend an existing party(s), add new party(s), delete existing party(s) and/or amend collateral.

Amendment Selection

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: Any Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

SECURED PARTY(S)					
Secured Party Type	Secured Party Name	Address	Status	Assignor	Secured Party
Organization	First Corporation	135 7th Street Any Ordinary Town, MD 20306 Country: US	N/A	Edit	Delete
Organization	Second Corporation	246 8th Street Anytown, MD, 20304 Country: US	N/A	Edit	Delete
Organization	Third Corporation	357 9th Street Anytown, MD, 20304 Country: US	N/A	Edit	Delete

[ADD NEW SECURED PARTY](#)

COLLATERAL	
Collateral Description	Type

[AMEND COLLATERAL](#)

AMENDMENT - PENDING ACTIONS		
Type	Modified Party	Modification

[CANCEL](#) [BACK](#) [CONTINUE](#)

5.04 – AUTHORIZING PARTY

Amendments must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

Authorizing Party

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

AUTHORIZING PARTY(S)			
#	Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
<input type="checkbox"/>	Debtor	Organization	Jane Doe Corporation
<input type="checkbox"/>	Secured Party	Organization	Any Corporation

CANCEL **BACK** **CONTINUE**

5.05 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous

Entering Miscellaneous information will require an addendum.

Miscellaneous:

Upload additional information: **SELECT** **UPLOAD**

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot 

CANCEL **BACK** **CONTINUE**

5.06 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation’s Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary

T Your UCC-3 Amendment Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe

Contact Address: 123 4th Street
Anytown, MD 20305
Country: US

Contact Name:

Contact Phone:

Contact Phone Extension:

Contact Email Address: jdoe@email.com

Contact Email To Appear on Filing: NO

FILING REQUEST INFORMATION

[EDIT REQUEST](#)

Filing Number: 0000000181392939

Primary Secured Party Type: Organization

Primary Secured Party: John Doe Corporation

AMENDMENT SELECTION - PENDING ACTIONS

[EDIT AMENDMENT ACTION\(S\)](#)

Type	Modified Party	Modification
Debtor	DOE, JANE	Add

AUTHORIZING PARTY(S)

[EDIT AUTHORIZING PARTY](#)

Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
Debtor	Organization	Jane Doe Corporation

Optional Filer Reference Data:

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
UCC Amendment Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

CANCEL
BACK
CONTINUE

5.07 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer Info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Payment Information

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

5.08 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

RETURN TO MAIN MENU

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY	
File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	JohnDoe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

ⓘ Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED		
Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

BACK

SAMPLE ACKNOWLEDGMENT COPY

	UCC-3														
UCC FINANCING STATEMENT AMENDMENT															
FOLLOW INSTRUCTIONS															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A. NAME & PHONE OF CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">B. E-MAIL CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">C. SEND ACKNOWLEDGMENT TO: (Name and Address)</td> </tr> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Napoleon Bonaparte 234 Winslow Gardens </div> <div style="border: 1px solid black; padding: 5px;"> Annapolis, MD 21401 </div> </td> </tr> </table>	A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Napoleon Bonaparte 234 Winslow Gardens </div> <div style="border: 1px solid black; padding: 5px;"> Annapolis, MD 21401 </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MD DEPT. OF ASSESSMENTS & TAXATION</td> <td style="font-size: small;">160316-1600121 NS</td> </tr> <tr> <td style="font-size: small;">Date: 3/16/2016</td> <td style="font-size: small;">Time: 4:00 PM</td> </tr> <tr> <td style="font-size: small;">Page Count: 1 Pg</td> <td style="font-size: small;">Debtor Count:</td> </tr> <tr> <td style="font-size: small;">Filing Fees: \$25.00</td> <td style="font-size: small;">Electronic Records Access: \$0.00</td> </tr> <tr> <td style="font-size: small;">Total: \$25.00</td> <td style="font-size: small;">Order ID# 16161520</td> </tr> </table>	MD DEPT. OF ASSESSMENTS & TAXATION	160316-1600121 NS	Date: 3/16/2016	Time: 4:00 PM	Page Count: 1 Pg	Debtor Count:	Filing Fees: \$25.00	Electronic Records Access: \$0.00	Total: \$25.00	Order ID# 16161520
A. NAME & PHONE OF CONTACT AT FILER (optional)															
B. E-MAIL CONTACT AT FILER (optional)															
C. SEND ACKNOWLEDGMENT TO: (Name and Address)															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Napoleon Bonaparte 234 Winslow Gardens </div> <div style="border: 1px solid black; padding: 5px;"> Annapolis, MD 21401 </div>															
MD DEPT. OF ASSESSMENTS & TAXATION	160316-1600121 NS														
Date: 3/16/2016	Time: 4:00 PM														
Page Count: 1 Pg	Debtor Count:														
Filing Fees: \$25.00	Electronic Records Access: \$0.00														
Total: \$25.00	Order ID# 16161520														
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY															
<p>1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450</p>	<p>1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</p>														
<p>2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement</p>															
<p>3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</p>															
<p>4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law</p>															
<p>5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</p>															
<p>6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)</p> <p>6a. ORGANIZATION'S NAME</p> <p>OR</p> <p>6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX</p>															
<p>7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) [use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name]</p> <p>7a. ORGANIZATION'S NAME</p> <p>OR</p> <p>7b. INDIVIDUAL'S SURNAME</p> <p>INDIVIDUAL'S FIRST PERSONAL NAME</p> <p>INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX</p>															
<p>7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY</p>															
<p>8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral</p> <p>Indicate collateral: Collateral</p>															
<p>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</p> <p>9a. ORGANIZATION'S NAME Yoko</p> <p>OR</p> <p>9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX</p>															
<p>10. OPTIONAL FILER REFERENCE DATA:</p>															

(Rev. 04/20/11)

6.0 – UCC-3 ASSIGNMENT

6.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

Contact INSTRUCTIONS ▾

•Send Acknowledgment To (Name)

Contact Name

Contact Phone Number

Contact Phone Extension

•Contact Email Address Included on Original Filing

•Verify Contact Email Address Do Not Include on Original Filing

•Address Line 1

Address Line 2

•City/Province/Region

•State

•Zip/Postal Code

•Country

CANCEL BACK CONTINUE

6.02 – FILING NUMBER LOOKUP

The user must indicate enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filing Number** is a required field.

Assignment Request

•Filing Number

CANCEL BACK CONTINUE

CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

UCC Filing 000000000181392 not found.

Assignment Request

Filing Number: 0000000181392899

CANCEL BACK CONTINUE

6.03 – ASSIGNMENT ACTION

Filers have the option to select an existing party to assign collateral, add new debtor(s) to assign collateral or amend the collateral statement.

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

SECURED PARTY(S)			
Secured Party Type	Secured Party Name	Address	Secured Party Assignees
Organization	John Doe Corporation	123 Main Street Anytown, MD 20104 Country: US	<input type="checkbox"/>
Organization	James Doe Corporation	456 Main Street Anytown, MD 20104 Country: US	<input type="checkbox"/>
Organization	Jane Doe Corporation	789 Main Street Anytown, MD 20104 Country: US	<input type="checkbox"/>

CANCEL BACK CONTINUE ADD A SIGNEE

6.04 – COLLATERAL ASSIGNMENT

This page allows for the entry of a collateral assignment. The user selects the assignment type and provides the collateral that is being assigned. Information provided on this screen is the same information provided in Box 8 of the UCC-3 form and Box 13 of the UCC-3Ad form. Note that **Assignment Type** and **Please provide the collateral you are assigning** are required fields.

Collateral (Type Description)

[INSTRUCTIONS](#)

Please select an option below to enter collateral.

Type Collateral Description

Upload Collateral Document(s)

i State Department of Assessments & Taxation is not responsible for the correctness or acceptability of listed collateral. Burden is on the Filer to ensure acceptable collateral is listed (tangible assets).

Please provide the collateral you are assigning

Max length 950 characters.

[CANCEL](#) [BACK](#) [CONTINUE](#)

Collateral (Upload Documents)

[INSTRUCTIONS](#)

Please select an option below to enter collateral.

Type Collateral Description

Upload Collateral Document(s)

Upload Collateral [SELECT](#) [+ UPLOAD](#)

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot 

[CANCEL](#) [BACK](#) [CONTINUE](#)

6.05 – AUTHORIZING PARTY

Assignments must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

Authorizing Party

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Organization
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

AUTHORIZING PARTY(S)			
#	Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
<input type="checkbox"/>	Secured Party	Organization	John Doe Organization
<input type="checkbox"/>	Secured Party	Organization	James Doe Organization
<input type="checkbox"/>	Secured Party	Organization	Jane Doe Organization
<input type="checkbox"/>	Other	(Enter Name in textbox>>>)	<input type="text"/>

CANCEL **BACK** **CONTINUE**

6.06 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous

Entering Miscellaneous information will require an addendum.

Miscellaneous:

Upload additional information: **SELECT** **UPLOAD**

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot  reCAPTCHA
Privacy - Terms

CANCEL **BACK** **CONTINUE**

6.07 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation’s Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary

 Your UCC Assignment Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe

Contact Address: 123 Main Street
Anytown, MD 20405
Country: US

Contact Name:

Contact Phone:

Contact Phone Extension:

Contact Email Address: jdoe@email.com

Contact Email To Appear on Filing: NO

FILING REQUEST INFORMATION

[EDIT REQUEST](#)

Filing Number: 000000181392939

Primary Secured Party Type: Organization

Primary Secured Party: John Doe Corporation

AUTHORIZING PARTY(S)

[EDIT AUTHORIZING PARTY](#)

Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
Secured Party	Organization	Jane Doe Corporation

ASSIGNMENT PENDING ACTION(S)

[EDIT ASSIGNMENT SELECTION\(S\)](#)

Secured Party Type	Secured Party Name
Organization	James Doe Corporation

Optional Filer Reference Data:

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
UCC Assignment Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

[CANCEL](#) [BACK](#) [CONTINUE](#)

6.08 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer Info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

6.09 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user will see a PAYMENT SUCCESSFUL screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

RETURN TO MAIN MENU

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY	
File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

ⓘ Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED		
Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

BACK

SAMPLE ACKNOWLEDGMENT COPY

 	<h1 style="margin: 0;">UCC-3</h1>	<p style="font-size: small; margin: 0;">MD DEPT. OF ASSESSMENTS & TAXATION</p> <p style="font-size: small; margin: 0;">160316-1557025 NS</p> <p style="font-size: small; margin: 0;">Date: 3/16/2016</p> <p style="font-size: small; margin: 0;">Time: 3:57 PM</p> <p style="font-size: small; margin: 0;">Page Count: 2 Pg</p> <p style="font-size: small; margin: 0;">Debtor Count: 0</p> <p style="font-size: small; margin: 0;">Filing Fees: \$25.00</p> <p style="font-size: small; margin: 0;">Electronic Records Access: \$0.00</p> <p style="font-size: small; margin: 0;">Total: \$25.00</p> <p style="font-size: small; margin: 0;">Order ID# 16161500</p>					
<h2 style="margin: 0;">UCC FINANCING STATEMENT AMENDMENT</h2> <p style="font-size: x-small; margin: 0;">FOLLOW INSTRUCTIONS</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border-bottom: 1px solid black; padding: 2px;"> A. NAME & PHONE OF CONTACT AT FILER (optional) </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> B. E-MAIL CONTACT AT FILER (optional) </td> </tr> <tr> <td style="padding: 2px;"> C. SEND ACKNOWLEDGMENT TO: (Name and Address) </td> </tr> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Maurice Minor 234 Winslow Gardens Annapolis, MD 21401 </div> </td> </tr> </table>			A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Maurice Minor 234 Winslow Gardens Annapolis, MD 21401 </div>	
A. NAME & PHONE OF CONTACT AT FILER (optional)							
B. E-MAIL CONTACT AT FILER (optional)							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Maurice Minor 234 Winslow Gardens Annapolis, MD 21401 </div>							
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;"> 1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450 </td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;"> 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 </td> </tr> </table>			1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13						
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement							
3. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8							
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b							
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border-bottom: 1px solid black; padding: 2px;"> 6a. ORGANIZATION'S NAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> OR 6b. INDIVIDUAL'S SURNAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> FIRST PERSONAL NAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> ADDITIONAL NAME(S)INITIAL(S) </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> SUFFIX </td> </tr> </table>			6a. ORGANIZATION'S NAME	OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAME							
OR 6b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL NAME							
ADDITIONAL NAME(S)INITIAL(S)							
SUFFIX							
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) [use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name]							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border-bottom: 1px solid black; padding: 2px;"> 7a. ORGANIZATION'S NAME PRINCIPIS CAPITAL LLC. </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> OR 7b. INDIVIDUAL'S SURNAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> INDIVIDUAL'S FIRST PERSONAL NAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> SUFFIX </td> </tr> </table>			7a. ORGANIZATION'S NAME PRINCIPIS CAPITAL LLC.	OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
7a. ORGANIZATION'S NAME PRINCIPIS CAPITAL LLC.							
OR 7b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)							
SUFFIX							
7c. MAILING ADDRESS							
CITY	STATE	POSTAL CODE	COUNTRY				
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input checked="" type="checkbox"/> ASSIGN collateral Indicate collateral:							
<h3 style="margin: 0;">Collateral</h3>							
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border-bottom: 1px solid black; padding: 2px;"> 9a. ORGANIZATION'S NAME Issac </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> OR 9b. INDIVIDUAL'S SURNAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> FIRST PERSONAL NAME </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> ADDITIONAL NAME(S)INITIAL(S) </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"> SUFFIX </td> </tr> </table>			9a. ORGANIZATION'S NAME Issac	OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
9a. ORGANIZATION'S NAME Issac							
OR 9b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL NAME							
ADDITIONAL NAME(S)INITIAL(S)							
SUFFIX							
10. OPTIONAL FILER REFERENCE DATA:							

(Rev. 04/20/11)

7.0 – UCC-3 CONTINUATION

This option is used to file a continuation to extend the lapse period for the filing. The UCC-3 can be filed within six months before the expiration of the five-year period. If a UCC-3 is not filed before the end of the five-year period, the financing statement lapses, and the security interest becomes unperfected. A UCC-3 cannot be filed after the lapse date.

The UCC-3 Continuation filing is divided into several web pages. Each page allows for the entry of a specific type of information. Please do not place your social security number on a UCC filing or any other document you submit to the Maryland State Department of Assessments and Taxation. Although we attempt to prevent disclosure of social security numbers, we cannot guarantee that a social security number placed on a document will not be disclosed due to the large number of documents filed. It is the responsibility of the filer to ensure that a social security number is not contained on the filing. Please note that all information entered on the following screens will be displayed on copies of the filing. Filings may be viewed by the public and requested copies may also be made available.

7.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

The screenshot shows a web form titled "Contact" with a blue "INSTRUCTIONS" button in the top right corner. The form contains the following fields and options:

- Send Acknowledgment To (Name)**: Text input field.
- Contact Name**: Text input field.
- Contact Phone Number**: Text input field with a placeholder "(...) - * - ".
- Contact Phone Extension**: Text input field.
- Contact Email Address**: Text input field with radio button options:
 - Included on Original Filing
 - Do Not Include on Original Filing
- Verify Contact Email Address**: Text input field.
- Address Line 1**: Text input field.
- Address Line 2**: Text input field.
- City/Province/Region**: Text input field.
- State**: Dropdown menu with "SELECT STATE" as the current selection.
- Zip/Postal Code**: Two text input fields for zip and postal code.
- Country**: Dropdown menu with "United States" as the current selection.

At the bottom of the form, there are three buttons: a red "CANCEL" button on the left, and blue "BACK" and "CONTINUE" buttons on the right.

7.02 – FILING NUMBER LOOKUP

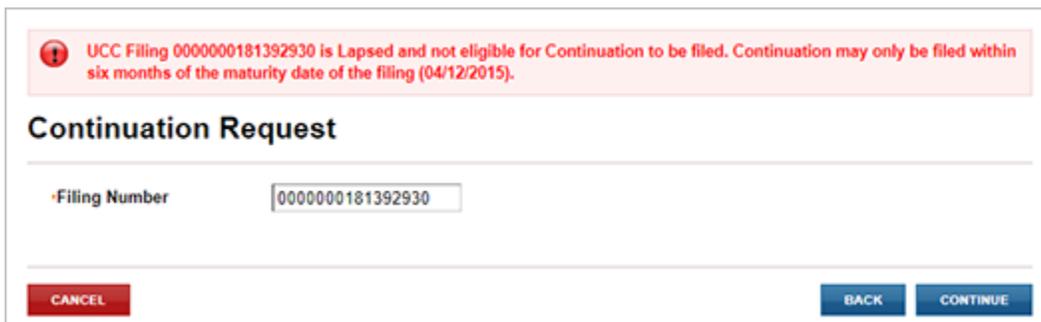
The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.



The screenshot shows a web form titled "Continuation Request". At the top, there is a horizontal line. Below it, the text "Filing Number" is followed by an empty text input field. At the bottom of the form, there are three buttons: a red "CANCEL" button on the left, and two blue buttons, "BACK" and "CONTINUE", on the right.

INELIGIBLE FOR CONTINUATION

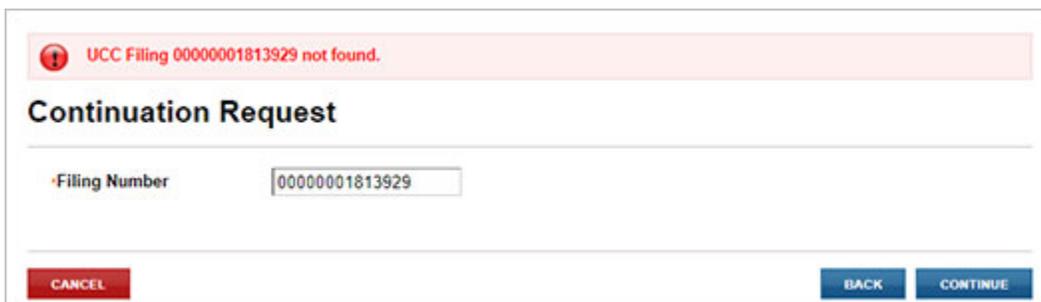
If the filing number entered is ineligible for continuation because the original filing has lapsed or is not in the six-month window of the filing lapsing, the user will be provided a message that the filing is not eligible to be continued.



The screenshot shows the "Continuation Request" form with an error message at the top. The message, in red text, reads: "UCC Filing 0000000181392930 is Lapsed and not eligible for Continuation to be filed. Continuation may only be filed within six months of the maturity date of the filing (04/12/2015)." Below the message, the "Filing Number" field is populated with "0000000181392930". The "CANCEL", "BACK", and "CONTINUE" buttons are visible at the bottom.

CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.



The screenshot shows the "Continuation Request" form with an error message at the top. The message, in red text, reads: "UCC Filing 00000001813929 not found." Below the message, the "Filing Number" field is populated with "00000001813929". The "CANCEL", "BACK", and "CONTINUE" buttons are visible at the bottom.

7.03 – AUTHORIZING PARTY

Continuations must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

PLEASE NOTE: A Continuation filed outside the statutory 6-month window (the 6 months prior to the current Lapse Date of 4/12/2025) will not update the Lapse Date, and you will NOT be eligible for a refund of that filing. Please be sure that any Continuation request is filed no sooner than 10/12/2024.

Authorizing Party

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

AUTHORIZING PARTY(S)			
#	Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
<input type="checkbox"/>	Debtor	Organization	Jane Doe Corporation

CANCEL **BACK** **CONTINUE**

7.04 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous

Entering Miscellaneous information will require an addendum.

Miscellaneous:

Upload additional information: **SELECT** **UPLOAD**

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot 

CANCEL **BACK** **CONTINUE**

7.05 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation’s Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary

 Your UCC Continuation Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe

Contact Address: 123 Main Street
Anytown, MD 20105
Country: US

Contact Name:

Contact Phone:

Contact Phone Extension:

Contact Email Address: jdoe@email.com

Contact Email To Appear on Filing: NO

FILING REQUEST INFORMATION

[EDIT REQUEST](#)

Filing Number: 000000181392939

Primary Secured Party Type: Organization

Primary Secured Party: John Doe Corporation

AUTHORIZING PARTY(S)

[EDIT AUTHORIZING PARTY](#)

Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
Debtor	Organization	Jane Doe Corporation

Optional Filer Reference Data:

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
UCC Continuation Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

[CANCEL](#) [BACK](#) [CONTINUE](#)

7.06 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

7.07 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY

File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	JohnDoe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

[T](#) Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED

Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

SAMPLE ACKNOWLEDGMENT COPY

	<h1 style="margin: 0;">UCC-3</h1>				
<h2 style="margin: 0;">UCC FINANCING STATEMENT AMENDMENT</h2> <p style="margin: 0;">FOLLOW INSTRUCTIONS</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A. NAME & PHONE OF CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">B. E-MAIL CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">C. SEND ACKNOWLEDGMENT TO: (Name and Address)</td> </tr> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Jane Saw 234 Winslow Gardens Annapolis, MD 21401 </div> </td> </tr> </table>	A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Jane Saw 234 Winslow Gardens Annapolis, MD 21401 </div>	<div style="font-size: small; text-align: center;"> MD DEPT. OF ASSESSMENTS & TAXATION 160316-1552417 NS Lapse Date: 04/01/2021 Date: 3/16/2016 Time: 3:52 PM Page Count: 1 Pg Debtor Count: 0 Filing Fees: \$25.00 Electronic Records Access: \$0.00 Total: \$25.00 Order ID# 16161480 </div> <p style="text-align: center; font-weight: bold; font-size: small;">THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</p>
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Jane Saw 234 Winslow Gardens Annapolis, MD 21401 </div>					
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13				
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8					
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b					
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)					
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) [use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name]					
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX					
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY					
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor					
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX					
10. OPTIONAL FILER REFERENCE DATA:					

(Rev. 04/20/11)

8.0 – UCC-3 TERMINATION

8.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name), Contact Email Address, Verify Contact Email Address, Address Line 1, City/Province/Region, State, Zip/Postal Code** and **Country** are all required fields.

The screenshot shows a web form titled "Contact" with an "INSTRUCTIONS" button in the top right corner. The form contains the following fields and options:

- Send Acknowledgment To (Name)**: Text input field.
- Contact Name**: Text input field.
- Contact Phone Number**: Text input field with a "(...)" placeholder.
- Contact Phone Extension**: Text input field.
- Contact Email Address**: Text input field with a radio button option for "Included on Original Filing".
- Verify Contact Email Address**: Text input field with a radio button option for "Do Not Include on Original Filing".
- Address Line 1**: Text input field.
- Address Line 2**: Text input field.
- City/Province/Region**: Text input field.
- State**: Dropdown menu with "SELECT STATE" as the selected option.
- Zip/Postal Code**: Two text input fields for the zip code.
- Country**: Dropdown menu with "United States" as the selected option.

At the bottom of the form, there are three buttons: "CANCEL" (red), "BACK" (blue), and "CONTINUE" (blue).

8.02 – FILING NUMBER LOOKUP

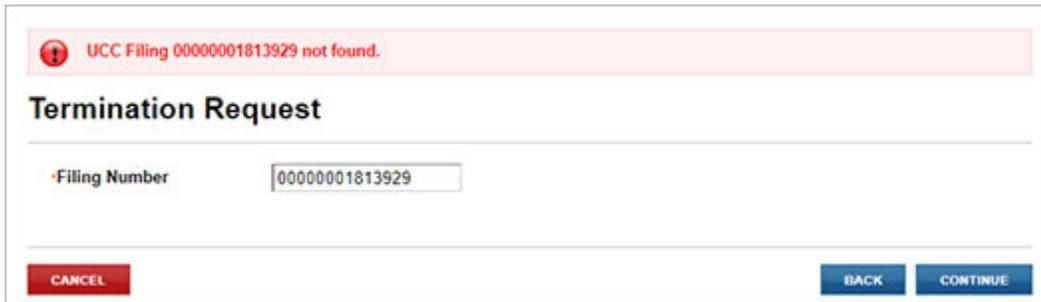
The user must indicate whether they are a debtor or secured party making the filing and enter the Filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.



The screenshot shows a web form titled "Termination Request". At the top, there is a horizontal line. Below it, the label "Filing Number" is followed by an empty text input field. At the bottom of the form, there are three buttons: a red "CANCEL" button on the left, and two blue buttons, "BACK" and "CONTINUE", on the right.

CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.



The screenshot shows the same "Termination Request" form, but with an error message displayed at the top in a red banner: "UCC Filing 00000001813929 not found." Below the banner, the "Filing Number" field now contains the text "00000001813929". The "CANCEL", "BACK", and "CONTINUE" buttons are still present at the bottom.

8.03 – AUTHORIZING PARTY

Terminations must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

Authorizing Party

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered.](#)

AUTHORIZING PARTY(S)		
#	Authorizing Party Type	Authorizing Party Name
<input type="checkbox"/>	Debtor	Jane Doe Corporation

CANCEL **BACK** **CONTINUE**

8.04 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous

Entering Miscellaneous information will require an addendum.

Miscellaneous:

Upload additional information: **SELECT** **UPLOAD**

The file must be in PDF or TIFF format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your submission.

I'm not a robot 

CANCEL **BACK** **CONTINUE**

8.05 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary

 Your UCC Termination Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe
Contact Address: 123 Main Street
Anytown, MD 20106
Country: US
Contact Name:
Contact Phone:
Contact Phone Extension:
Contact Email Address: jdoe@email.com
Contact Email To Appear on Filing: NO

FILING REQUEST INFORMATION

[EDIT REQUEST](#)

Filing Number: 0000000181392939
Primary Secured Party Type: Organization
Primary Secured Party: John Doe Corporation

AUTHORIZING PARTY(S)

[EDIT AUTHORIZING PARTY](#)

Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name
Debtor	Organization	Jane Doe Corporation

Optional Filer Reference Data:

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
UCC Continuation Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

[CANCEL](#) [BACK](#) [CONTINUE](#)

8.06 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Payment Information

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

8.07 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY	
File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED		
Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

SAMPLE ACKNOWLEDGMENT COPY

	UCC-3														
UCC FINANCING STATEMENT AMENDMENT															
FOLLOW INSTRUCTIONS															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A. NAME & PHONE OF CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">B. E-MAIL CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">C. SEND ACKNOWLEDGMENT TO: (Name and Address)</td> </tr> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Richard The Third 234 Winslow Gardens Annapolis, MD 21401 </div> </td> </tr> </table>	A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Richard The Third 234 Winslow Gardens Annapolis, MD 21401 </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MD DEPT. OF ASSESSMENTS & TAXATION</td> <td style="font-size: small;">160316-1548013 NS</td> </tr> <tr> <td style="font-size: small;">Date: 3/16/2016</td> <td style="font-size: small;">Time: 3:48 PM</td> </tr> <tr> <td style="font-size: small;">Page Count: 1 Pg</td> <td style="font-size: small;">Debtor Count: 0</td> </tr> <tr> <td style="font-size: small;">Filing Fees: \$25.00</td> <td style="font-size: small;">Electronic Records Access: \$0.00</td> </tr> <tr> <td style="font-size: small;">Total: \$25.00</td> <td style="font-size: small;">Order ID# 16161456</td> </tr> </table>	MD DEPT. OF ASSESSMENTS & TAXATION	160316-1548013 NS	Date: 3/16/2016	Time: 3:48 PM	Page Count: 1 Pg	Debtor Count: 0	Filing Fees: \$25.00	Electronic Records Access: \$0.00	Total: \$25.00	Order ID# 16161456
A. NAME & PHONE OF CONTACT AT FILER (optional)															
B. E-MAIL CONTACT AT FILER (optional)															
C. SEND ACKNOWLEDGMENT TO: (Name and Address)															
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Richard The Third 234 Winslow Gardens Annapolis, MD 21401 </div>															
MD DEPT. OF ASSESSMENTS & TAXATION	160316-1548013 NS														
Date: 3/16/2016	Time: 3:48 PM														
Page Count: 1 Pg	Debtor Count: 0														
Filing Fees: \$25.00	Electronic Records Access: \$0.00														
Total: \$25.00	Order ID# 16161456														
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY															
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13														
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement															
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8															
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law															
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b															
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)															
6a. ORGANIZATION'S NAME															
OR															
6b. INDIVIDUAL'S SURNAME															
FIRST PERSONAL NAME															
ADDITIONAL NAME(S) INITIAL(S)															
SUFFIX															
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)															
7a. ORGANIZATION'S NAME															
OR															
7b. INDIVIDUAL'S SURNAME															
INDIVIDUAL'S FIRST PERSONAL NAME															
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)															
SUFFIX															
7c. MAILING ADDRESS															
CITY															
STATE															
POSTAL CODE															
COUNTRY															
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:															
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input checked="" type="checkbox"/> and provide name of authorizing Debtor															
9a. ORGANIZATION'S NAME															
Gordon															
OR															
9b. INDIVIDUAL'S SURNAME															
FIRST PERSONAL NAME															
ADDITIONAL NAME(S) INITIAL(S)															
SUFFIX															
10. OPTIONAL FILER REFERENCE DATA:															

(Rev. 04/20/11)

9.0 – UCC-5, INFORMATION STATEMENT

9.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-1 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

Contact INSTRUCTIONS ▾

•Send Acknowledgment To (Name)

Contact Name

Contact Phone Number

Contact Phone Extension

•Contact Email Address Included on Original Filing

•Verify Contact Email Address Do Not Include on Original Filing

•Address Line 1

Address Line 2

•City/Province/Region

•State

•Zip/Postal Code

•Country

CANCEL BACK CONTINUE

9.02 – FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

Filing Request

•Filer Is A Debtor

Secured Party

•Filing Number

CANCEL BACK CONTINUE

CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

UCC Filing 000000018139293 not found.

Filing Request

Filer Is A Debtor
 Secured Party

Filing Number

9.03 – INFORMATION STATEMENT

The user indicates on this page whether they believe the filing to be inaccurate or wrongly filed. Information provided on this screen is the same information provided in Boxes 1b, 2 and 3 of the UCC-5 form. Note that **Please Select** and **Date of Original Filing** are required fields.

Information Statement

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

Record Information To Which This Information Statement Relates

Please Select Record is inaccurate
 Record was wrongfully filed
 Record filed by person not entitled to do so

Basis for Claim

Date of Original Filing (mm/dd/yyyy)
Time of Original Filing (hhmm) AM
 PM

9.04 – AUTHORIZING PARTY

Information Statement must be authorized by a party of record. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 5 of the UCC-5 form.

Authorizing Party

Verify the following information is correct:

Filing Number: 0000000181392939
Primary Secured Party: John Doe Corporation
Primary Secured Party Type: Organization

If this information is not correct please [check the filing number entered](#).

AUTHORIZING PARTY(S)		
#	Debtor Type	Debtor Name
<input type="checkbox"/>	Organization	Jane Doe Corporation

CANCEL **BACK** **CONTINUE**

9.05 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the State Department of Assessments and Taxation's Office. The user selects the **EDIT** button to change information previously entered.

Summary

 Your Information Statement Filing is not yet complete. Please review the information below for accuracy.

CONTACT INFORMATION

[EDIT CONTACT](#)

Send Acknowledgment To (Name): John Doe

Contact Address: 123 Main Street
Anytown, MD 21401
Country: US

Contact Name:

Contact Phone:

Contact Phone Extension:

Contact Email Address: name@email.com

Contact Email To Appear on Filing: NO

FILING REQUEST INFORMATION

[EDIT REQUEST](#)

Filer Is A: Debtor

Filing Number: 0000000181392939

Primary Secured Party Type: Organization

Primary Secured Party: John Doe Corporation

AUTHORIZING DEBTOR(S)

[EDIT AUTHORIZING PARTY](#)

Debtor Type	Debtor Name
Organization	Jane Doe Corporation

INFORMATION STATEMENT

[EDIT INFORMATION STATEMENT](#)

Record To Which This Information Statement Relates:

Record is inaccurate:

Date of Original Filing: 3/3/2019

Time of Original Filing:

Optional Filer Reference Data:

ITEMS SELECTED FOR PURCHASE

ITEM	# of Pages	PRICE
Information Statement Filing Fee	1	\$25.00
Total Amount to be Charged:		\$25.00

Please Confirm

I have verified that all of the above information is correct and complete.

[CANCEL](#) [BACK](#) [CONTINUE](#)

9.06 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Payment Information

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

9.07 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY	
File ID Number	160311-1219075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED		
Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

SAMPLE ACKNOWLEDGMENT COPY

	UCC-5				
INFORMATION STATEMENT FOLLOW INSTRUCTIONS					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A. NAME & PHONE OF CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">B. E-MAIL CONTACT AT FILER (optional)</td> </tr> <tr> <td style="padding: 2px;">C. SEND ACKNOWLEDGMENT TO: (Name and Address)</td> </tr> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Horatio Hornblower 234 Winslow Gardens Annapolis, MD 21401 </div> </td> </tr> </table>	A. NAME & PHONE OF CONTACT AT FILER (optional)	B. E-MAIL CONTACT AT FILER (optional)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Horatio Hornblower 234 Winslow Gardens Annapolis, MD 21401 </div>	MD DEPT. OF ASSESSMENTS & TAXATION 160316-1604034 NS ----- Date: 3/16/2016 Time: 4:04 PM Page Count: 1 Pg Debtor Count: 0 Filing Fees: \$25.00 Electronic Records Access: \$0.00 ----- Total: \$25.00 Order ID# 16161542
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Horatio Hornblower 234 Winslow Gardens Annapolis, MD 21401 </div>					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. Identification of the RECORD to which this INFORMATION STATEMENT relates					
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0000000181417450	1b. RECORD INFORMATION TO WHICH THIS INFORMATION STATEMENT RELATES				
2. Check <u>one</u> of these three boxes to indicate the claim made by this INFORMATION STATEMENT					
2a. <input checked="" type="checkbox"/> RECORD IS INACCURATE. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy					
2b. <input type="checkbox"/> RECORD WAS WRONGFULLY FILED. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 was wrongfully filed					
2c. <input type="checkbox"/> RECORD FILED BY PERSON NOT ENTITLED TO DO SO. Enter in item 3 the basis for the belief by the Secured Party of Record that the person that filed the RECORD identified in item 1 was not entitled to do so under UCC Section 9-509					
3. Basis for claim of box checked in item 2 Wrong information					
SAMPLE					
4. If this INFORMATION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this INFORMATION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1a above was filed [or recorded]					
4a. DATE 3/1/2015	4b. TIME				
5. NAME of PERSON filing this INFORMATION STATEMENT					
5a. ORGANIZATION'S NAME Humpty					
OR 5b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
(Rev. 07/19/12)					

10.0 –SEARCH BY NAME

Searches are used to find initial financing statements, amendments, correction statements and lien statements for debtors. One of the key components to keep in mind while searching is the “through date.” The through date and time is “real time” – your search results will contain data meeting the criteria up to the date and time the search is submitted. The search results you receive will clearly display the through date.

SEARCH LOGIC

Search results are created by applying search rules to the name presented for searching.

- There is no limit to the number of matches that may be returned in response to the search criteria.
- No distinction is made between upper- and lower-case letters.
- Punctuation marks and accents are disregarded.
- All spaces are disregarded.
- Searches for individuals should be entered as Last Name First Name Middle Name or Initial (i.e., Doe John)
- If a first name is provided, a match will be found on that with any middle name.
- If only an initial is provided for the first name, a match will be found on any first name starting with the same letter.
- If a middle name is provided for the middle name, a match will be found on the middle name.
- If only an initial is given for the middle name, a match will be found on any middle name starting with the same letter.

Examples are as follows:

A search for **Bank of America** will retrieve:

- Bank of America Home Loans
- Bank of America Corporate Center
- Bank of America N.A.

A search request for **Smith John A.** will retrieve:

- John A. Smith
- John Alexander Smith
- John Adam Smith

A search request for **Smith John** will retrieve:

- John Smith
- John A. Smith
- Johnnie Smith
- John Robert Smith

A search request for **Smith J M** will retrieve:

- John M. Smith
- John Michael Smith

- Johnnie Smith
- John Matthew Smith

Because search results are produced by applying standard RA9 search logic to the name presented to the filing officer, this provides consistent, reliable results and ensures that human judgment does not play a role in determining the results of the search.

Per RA9 Standards Section 503, jurisdictions perform UCC lien searches using the following logic:

There is no limit to the number of matches that may be returned in response to the search criteria.

- No distinction is made between upper- and lower-case letters.
- The character "&" (the ampersand) is deleted and replaced with the characters "and" each place it appears in the name.
- Punctuation marks and accents are disregarded. For purposes of this rule, punctuation and accents include all characters other than the numerals 0 through 9 and the letters A through Z (in any case) of the English alphabet.
- Words and abbreviations at the end of an organization name that indicate the existence or nature of the organization are "disregarded" as determined by the filing office's programming of its UCC information management system.
- The word "the" at the beginning of an organization debtor name is disregarded.
- All spaces are disregarded.
- For first and middle names of individual debtor names, initials are treated as the logical equivalent of all names that begin with such initials, and first name and no middle name or initial is equated with all middle names and initials. For example, a search request for "John A. Smith" would cause the search to retrieve all filings against all individual debtors with "John" or the initial "J" as the first name, "Smith" as the last name, and with the initial "A" or any name beginning with "A" in the middle name field. If the search request were for "John Smith" (first and last names with no designation in the middle name field), the search would retrieve all filings against individual debtors with "John" or the initial J as the first name, "Smith" as the last name and with any name or initial or no name or initial in the middle name field.
- If the name being searched is the last name of an individual debtor name without any first or middle name provided, the search will retrieve from the UCC information management system all unlapsed records or, if requested by the searcher, all active records that pertain to financing statements with individual debtor names that consist of such last name, any or no middle name or initial and no first name.
- After using the preceding rules to modify the name being searched, the search will retrieve from the UCC information management system all unlapsed records, or, if requested by the searcher, all active records that pertain to financing statements with debtor names that, after being modified as provided in this rule, exactly match the modified name being searched.

NOISE WORDS

AGENCY	LTD	PROFESSIONAL LIMITED LIABILITY
ASSOCIATION	LTEE	CO
ASSN	LIMITED LIABILITY COMPANY	PLLC
ASSOCIATES	LC	RAILROAD
ASSC	LLC	RR
ASSOC	LIMITED LIABILITY PARTNERSHIP	REAL ESTATE INVESTMENT TRUST
ATTORNEYS AT LAW	LLP	REIT
BANK	LIMITED PARTNERSHIP	REGISTERED LIMITED LIABILITY
NATIONAL BANK	LP	PARTNERSHIP
BUSINESS TRUST	MEDICAL DOCTORS PROFESSIONAL	RLLP
CHARTER	ASSOCIATION	SAVINGS ASSOCIATION
CHARTERED	MDPA	SA
COMPANY	MEDICAL DOCTORS PROFESSIONAL	SERVICE CORPORATION
CO	CORPORATION	SC
CORPORATION	MDPC	SOLE PROPRIETORSHIP
CORP	NATIONAL ASSOCIATION	SP
CREDIT UNION	NA	SPA
CU	PARTNERS	TRUST
FEDERAL SAVINGS BANK	PARTNERSHIP	TRUSTEE
FSB	PROFESSIONAL ASSOCIATION	AS TRUSTEE
GENERAL PARTNERSHIP	PROF ASSN	LLL
GENPART	PA	LIMITED LIABILITY LIMITED
GP	PROFESSIONAL CORPORATION	PARTNERSHIP
INCORPORATED	PROF CORP	OD
INC	PC	PROFESSIONAL LIMITED LIABILITY
LIMITED		COMPANY

10.01 – SEARCH CRITERIA

The Search by Name option allows the user to look up and view information by debtor or secured party name.

The screenshot shows a web form titled "Name Search". At the top, there is a disclaimer: "The responsibility for accurately searching names rests with the user. Search results are determined by the search criteria you choose. Therefore, if you do not see the results you expect, check the spelling of the information entered and/or choose different search criteria." Below this is a blue button labeled "INSTRUCTIONS". The form has several sections: "Party" with radio buttons for "Debtor" (selected) and "Secured Party"; "Party Name" with a text input field and instructions: "Please enter a name using Last Name, First Name. (Example: Smith, John) Or you may search by an organization name. (Example: B & B Toys)"; "Filing Status" with radio buttons for "All Filings (Lapsed and Unlapsed)" (selected) and "Only Unlapsed Filings"; and "Filing Type" with radio buttons for "All" (selected) and "UCC-1 Only". At the bottom left is a reCAPTCHA widget with the text "I'm not a robot" and a "reCAPTCHA" logo. At the bottom right are three buttons: "CANCEL" (red), "BACK" (blue), and "SEARCH" (blue).

PARTY SEARCH FILTER (1)

This option is used to allow the user to indicate if the party name being searched is a debtor or secured party. "Debtor" is selected by default.

PARTY NAME

The user provides the party name they wish to search.

When searching for an individual, the user should enter the last name and then a first name or initial and optionally a middle name or initial. (Examples: Adams, John Q. or Adams, J Q or Adams, John Quincy)

When searching for an organization, the user should enter the name of the organization. (Examples: B and B Toys or B and B Toys)

FILING STATUS FILTER (2)

This option is used to allow the user to indicate if the search results should contain both active and lapsed filings or only active filings which are unlapsed. "All Filings (Lapsed and Unlapsed)" is selected by default.

FILING TYPE (3)

This option is used to allow the user to indicate if the search results should contain only initial financing statements (UCC-1) on record for the party name or all filings on record for the party name. "All" is selected by default.

10.02 – SEARCH RESULTS

If the search results include one or more matches, the application will display all matching party names on file for the search. The user has the option to select one or more matching names from the returned results.

Name Search Result(s)

*If one or more of the names for which you are searching is displayed below, select the appropriate checkboxes to continue.
If none of the names below match, see other options below for a "Nothing On File" response.*

NAME
<input type="checkbox"/> 1 ACK TEST
<input type="checkbox"/> 12 ACK TEST
<input type="checkbox"/> 3 21 2018 ACK DATE TEST
<input type="checkbox"/> ABC TESTING
<input type="checkbox"/> ACK TESTING MN
<input type="checkbox"/> ADVANTAGE TESTING BT
<input type="checkbox"/> ATTACHMENTTESTMD
<input type="checkbox"/> AUTOTESTS04

1 2 3 4 5 6 7 8 9 10 Displaying results 1 - 20 of 197 | Page 1 of 10

**OR — Exact match to party name not displayed above?
Select ONE option below.**

Selecting one of the options below will provide you with a response, certified or non-certified, stating no party names matched your search criteria.

"No Results Found" Document Request (Choose ONE):

<input type="checkbox"/> Non-Certified Search Response
<input type="checkbox"/> Certified Search Response

CANCEL **BACK** **CONTINUE**

If no matches are located, the user will be informed that no documents are on file that meet the search criteria.

Search Result(s)

No Party Name(s) matched your searched criteria.

Searched Details:
Name Type: Organization
Party: Debtor
Search Type: Non Standard Search
Organization Name:
Individual Last Name:
Individual First Name:
Individual Middle Name:
Filing Status: All Filings (Lapsed & Unlapsed)
Filing Type: All

"No Results Found" Document Request

<input type="radio"/> Non-Certified Search Response
<input type="radio"/> Certified Search Response

CANCEL **BACK** **CONTINUE**

10.03 – SELECT FILINGS FOR RETRIEVAL

If the search results included a debtor match, the user will be provided with records on file that match the search criteria used.

All UCC-1 filings and, if applicable, their UCC-3 and/or UCC-5 associated filings will display. The user has the option to request a search response only, copies of one or more documents only or both a search response and copies of documents.

Search Result(s)

SELECT FILINGS FOR RETRIEVAL

<input type="checkbox"/>	Filing Number	Filing Type	Filing Date	Lapse Date	Film	Folio	# of Pages
<input type="checkbox"/>	190305-1206000	UCC-1 Financing Statement	3/5/2019 12:06:00 PM	3/5/2024			

DEBTOR/SECURED PARTY LIST

Party Type	Party Name Type	Party Name
Debtor	Organization	1 ACK TEST
Secured Party	Organization	ASSIGNEE SECURED

No associated filing(s) found.

<input type="checkbox"/>	190328-1213000	UCC-1 Financing Statement	3/28/2019 12:13:00 PM	3/28/2024			
--------------------------	----------------	---------------------------	-----------------------	-----------	--	--	--

DEBTOR/SECURED PARTY LIST

Party Type	Party Name Type	Party Name
Debtor	Organization	1 ACK TEST
Secured Party	Organization	ASSIGNEE SECURED

No associated filing(s) found.

Total documents found: 2

Certified Document Request

I want certified copies of the selected filings above

I want a certified search response

Information Options

Search Response and Copies
Report of all filings associated with your search and copies of the filing.

Search Response Only
Report of all filings associated with your search.

Selected Copies Only
Copies of the selected filing(s) only.

Page 65 of 76

10.04 – ORDER SUMMARY AND CONTACT INFORMATION

The user has an opportunity to review and check the search request before submitting the request to the Maryland State Department of Assessments and Taxation’s Office. The user must also provide their contact information and verify that the request information is correct. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, and **Verify Contact Email Address** are all required fields.

Summary

 Your UCC Search Filing is not yet complete. Please review the information below for accuracy.

ITEMS SELECTED FOR PURCHASE	
Item	Price
Certified Search Response Report	\$7.00
Total Amount to be Charged	\$7.00

•Send Acknowledgment To (Name)

Contact Name

Contact Phone Number

Contact Phone Extension

•Contact Email Address

•Verify Contact Email Address

Please Confirm

I have verified that all of the above information is correct and complete.

10.05 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

10.06 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the search response and any requested document(s) as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the search response and document(s).

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY

File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

Items Purchased

Your Subscriber account will reflect that the charge was made by Maryland.gov.

Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

11.0 –SEARCH BY FILING NUMBER

Each filing related to the Uniform Commercial Code, or a lien of record is given a filing number to be indexed and searchable. Filing numbers have evolved through various formats over the years. Effective July 1, 2001, Revised Article 9 changed the formats of filing numbers to be consistent nationwide; however, the filing numbers existing prior to that time were not updated to this format, so searchers need to be aware that filing numbers in older formats will exist as long as they remain on the system.

11.01 – SEARCH CRITERIA

The Search by Number option allows the user to look up and view information by any UCC-1 or UCC-3 filing number. A search for a UCC-1 filing will also display any associated records. A search for a UCC-3 filing will display the associated UCC-1 record and any additional UCC-3 or UCC-5 filings.

Enter up to six filing numbers below, each with a maximum of sixteen (16) digits.

Filing Search

<input type="text"/>	UCC-1 ▾	<input type="text"/>	UCC-1 ▾
<input type="text"/>	UCC-1 ▾	<input type="text"/>	UCC-1 ▾
<input type="text"/>	UCC-1 ▾	<input type="text"/>	UCC-1 ▾

I'm not a robot  reCAPTCHA
Privacy • Terms

11.02 – SEARCH RESULTS AND SELECT FILINGS FOR RETRIEVAL

If the search result includes at least one match, the application will display all matching documents on file for the search. The user has the option to select one or more matching names from the returned results. All UCC-1 filings and, if applicable, their UCC-3 and/or UCC-5 associated filings will display. The user has the option to request a search response only, copies of one or more documents only, or both a search response and copies of documents.

Search Result(s)

SELECT FILINGS FOR RETRIEVAL

<input type="checkbox"/>	Filing Number	Filing Type	Filing Date	Lapse Date	Film	Folio	# of Pages
<input type="checkbox"/>	0000000181392932	UCC-1 Financing Statement	4/12/2010 8:54:00 AM	4/12/2025			

DEBTOR/SECURED PARTY LIST

Party Type	Party Name Type	Party Name
Debtor	Organization	John Doe Corporation
Secured Party	Organization	Jane Doe Corporation
Secured Party	Organization	James Doe Corporation

ASSOCIATED FILINGS

<input type="checkbox"/>	Filing Number	Filing Type	Filing Date	Film	Folio	# of Pages
<input type="checkbox"/>	1000362007725668	UCC-3 Continuation	3/24/2015 9:06:00 AM			
<input type="checkbox"/>	210726-1202000	UCC-3 Amendment	7/26/2021 12:02:00 PM			
<input type="checkbox"/>	211110-1135000	UCC-3 Amendment	11/10/2021 11:35:00 AM			
<input type="checkbox"/>	220118-1602000	UCC-3 Termination	1/18/2022 4:02:00 PM			

Total documents found: 15

Certified Document Request
 I want certified copies of the selected filings above
 I want a certified search response

Information Options
 Search Response and Copies
Report of all filings associated with your search and copies of the filing.
 Search Response Only
Report of all filings associated with your search.
 Selected Copies Only
Copies of the selected filing(s) only.

If no matches are located, the user will be informed that no documents are on file that meet the search criteria.

Search Result(s)

 No UCC Filings matched your searched criteria.

Filing Number 000000018139293 returned no record(s). A printed copy of this page does not represent an official record of the Maryland Department of Assessments and Taxation Business Services. To order an official Search Response, select a document below.

No Results Found Document Request Non-Certified Search Response
 Certified Search Response

CANCEL **BACK** **CONTINUE**

11.03 – ORDER SUMMARY AND CONTACT INFORMATION

The user has an opportunity to review and check the search request before submitting the request to the Maryland State Department of Assessments and Taxation’s Office. The user must also provide their contact information and verify that the request information is correct. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, and **Verify Contact Email Address** are all required fields.

Summary

 Your UCC Search Filing is not yet complete. Please review the information below for accuracy.

ITEMS SELECTED FOR PURCHASE						
File ID	Filing Type	Filing Date	Film	Folio	# of Pages	Price
0000000181392939	UCC-1 Financing Statement	4/12/2010			3	
					Certified Search Response Report	\$7.00
Total Amount to be Charged						\$7.00

*Send Acknowledgment To (Name)

Contact Name

Contact Phone Number

Contact Phone Extension

*Contact Email Address

*Verify Contact Email Address

Please Confirm

I have verified that all of the above information is correct and complete.

CANCEL **BACK** **CONTINUE**

11.04 – FILING FEES PAYMENT

PAYMENT

When submitting the filing, you will be taken to a payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

1 Payment Type **2** Customer info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

Company Name

Address *

Address 2

City * State *
Select State

ZIP/Postal Code *

Phone Number

Email ⓘ

Next >

Cancel

Transaction Summary

UCC-1 Filing Fee	\$25.00
Transaction Summary	\$25.00

Need Help?

Please complete the Customer Information Section.

11.05 – ACKNOWLEDGMENT COPY AND RECEIPT

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the search response and any requested document(s) as well as the receipt by selecting the appropriate link on this page.

Note: You must have Adobe Reader installed on your PC to view these documents.

The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the search response and document(s).

Payment Successful - Complete Transaction Below.

Documents are PDF files. [Get the Adobe Acrobat Reader here.](#)

Viewing or printing your documents is as easy as...

Step 1
View/Print Documents

→

Step 2
View/Print Receipt

[RETURN TO MAIN MENU](#)

SAMPLE RECEIPT

Receipt [Print Receipt](#)

TRANSACTION HISTORY

File ID Number	160311-1218075
Acknowledge Copy To	test
Email Address	Test@test.com
Subscriber Account Name	John Doe
Subscriber Account Number	2692462
Filing Date/Time	3/11/2016 12:18 PM

[T](#) Your Subscriber account will reflect that the charge was made by Maryland.gov.

ITEMS PURCHASED

Item	# of Pages	Price
UCC Assignment Filing Fee	1	\$25.00
Total Amount Charged		\$25.00

[BACK](#)

SAMPLE CERTIFIED DOCUMENT

UCC-1

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Mr. Spock
234 Winslow Gardens
Annapolis, MD 21401

CERTIFICATION



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

MD DEPT. OF ASSESSMENTS & TAXATION
160316-1608298 NS
Lapse Date: 03/16/2021
Date: 3/16/2016
Time: 4:08 PM
Page Count: 1 Pg
Debtor Count: 1
Filing Fee: \$25.00
Electronic Records Access: \$0.00
Total: \$25.00
Order ID# 16161562

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME **FIRST PERSONAL NAME** **ADDITIONAL NAME(S) (INITIAL(S))** **SUFFIX**

Kirk James Tiberius

1c. MAILING ADDRESS **CITY** **STATE** **POSTAL CODE** **COUNTRY**

2345 Enterprise Drive Starfleet MD 21401 US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME **FIRST PERSONAL NAME** **ADDITIONAL NAME(S) (INITIAL(S))** **SUFFIX**

2c. MAILING ADDRESS **CITY** **STATE** **POSTAL CODE** **COUNTRY**

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME **FIRST PERSONAL NAME** **ADDITIONAL NAME(S) (INITIAL(S))** **SUFFIX**

Starfleet

3c. MAILING ADDRESS **CITY** **STATE** **POSTAL CODE** **COUNTRY**

234 Winslow Gardens Annapolis MD 21401 US

4. COLLATERAL: This financing statement covers the following collateral:

Collateral

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public Finance Transaction Manufactured Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Lessor Consignor/Consignor Seller/Buyer Bailor/Bailor Licensee/Licensee

8. OPTIONAL FILER REFERENCE DATA

(Rev. 04/20/11)

SAMPLE SEARCH RESPONSE

Maryland Department of Assessments and Taxation Business Services

Search Response

Dated: 3/17/2016 10:05 AM

Search Criteria Entered:

Filing Number Search

Filing Number1 (UCC1): 160316-1608298

Filing Number2 (UCC3): 160316-1552417

Filing Number3 (UCC3): 160316-1600121

Filing Number4 (UCC3): 160316-1548013

Filing Number5 (UCC3): 160316-1557025

Filing Number6 (UCC1):



Filing Number	Filing Type	Filing Date	Lapse Date	Electronic Image Available
160316-1608298	UCC-1 Filing Statement	3/16/2016 4:08 P M	3/16/2021	Yes
000000181417450	UCC-1 Filing Statement	4/1/2011 10:48 A M	4/1/2021	Yes
160316-1604034	UCC-5 Information Statement	3/16/2016 4:04 P M	N/A	Yes
160316-1600121	UCC-3 Amendment	3/16/2016 4:00 P M	N/A	Yes
160316-1557025	UCC-3 Assignment	3/16/2016 3:57 P M	N/A	Yes
160316-1552417	UCC-3 Continuation	3/16/2016 3:52 P M	N/A	Yes
160316-1548013	UCC-3 Termination	3/16/2016 3:48 P M	N/A	Yes
160304-1413379	UCC-3 Termination	3/4/2016 2:13 P M	N/A	Yes

APPENDIX A – INFORMATION YOU SHOULD KNOW

PDF Files: Acknowledgment copies, search responses and documents will be presented to the user as hyperlinks. The hyperlink will open a PDF file. The user then has the opportunity to print and/or save the file. When saving the file, be sure to include the “.pdf” extension on the file name.

“Back” Button on Browser: We suggest that the user utilize the “Back” button provided within the application rather than the Back button on the web browser.

Entering Data: Data entry is case sensitive. Therefore, the format used in keying information into the application is how the information will be stored.

Collateral Field: If a long collateral description is desired, the user first should type that description in a word processing program (i.e., Word or WordPerfect) or a text editor (i.e., Notepad or Wordpad). That description can then be copied and pasted into the collateral field.

Browser Auto Complete: Many web browsers have a feature called “Auto Complete” which is turned on by default. Auto Complete stores information you have previously entered and will provide you with a drop-down box from which you can select an item. If you wish to have this feature turned off, consult with your IT help desk.

Navigating Through the Screens: All of the screens have a tab order set within them so the user can simply “Tab” through each field. The user can also use the mouse to click into specific fields.

Radio Buttons: The radio buttons displayed in the application are part of the tab order for that screen. To change a selection from one radio button to another, use the arrow keys on the keyboard.

Check Boxes: To place a check mark in a check box on any given screen, the user simply needs to tab into that field and hit the spacebar on the keyboard.

UCC Online Filing Fees:

UCC-1, UCC-3, UCC-5 and In Lieu of Continuation Fees

Pages 1 - 8	\$25.00
Pages 9 and beyond	\$75.00

Printing Fees (for certified copies only)

Certification Fee (per document)	\$6.00
Each Page	\$1.00

Convenience Fee

A convenience fee is assessed for this online service by NICUSA Inc., Maryland’s eGovernment Service Provider. This fee is non-refundable.

Certified Search	\$2.00 per certified search
Filing	\$4.50 per online filing (NOT per page)