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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Gisella Melendez 800-331-3282                                                                                            |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>CT Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071, USA<br>efiling@wolterskluwer.com<br>(Fax)818-662-4141 |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                                      |  |                                             |                                            |                                                     |
|------------------------------------------------------|--|---------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| 1a. ORGANIZATION'S NAME <b>Velocity Servers Inc.</b> |  |                                             |                                            |                                                     |
| OR                                                   |  |                                             |                                            |                                                     |
| 1b. INDIVIDUAL'S LAST NAME                           |  | FIRST NAME                                  | MIDDLE NAME                                | SUFFIX                                              |
| 1c. MAILING ADDRESS <b>8195 Sheridan Drive</b>       |  | CITY <b>Buffalo</b>                         | STATE <b>NY</b>                            | POSTAL CODE <b>14221-6002</b><br>COUNTRY <b>USA</b> |
| ADD'L INFO RE ORGANIZATION DEBTOR                    |  | 1e. TYPE OF ORGANIZATION <b>Corporation</b> | 1f. JURISDICTION OF ORGANIZATION <b>NY</b> |                                                     |

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                                   |  |                          |                                  |                        |
|-----------------------------------|--|--------------------------|----------------------------------|------------------------|
| 2a. ORGANIZATION'S NAME           |  |                          |                                  |                        |
| OR                                |  |                          |                                  |                        |
| 2b. INDIVIDUAL'S LAST NAME        |  | FIRST NAME               | MIDDLE NAME                      | SUFFIX                 |
| 2c. MAILING ADDRESS               |  | CITY                     | STATE                            | POSTAL CODE<br>COUNTRY |
| ADD'L INFO RE ORGANIZATION DEBTOR |  | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |                        |

**3. SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|                                                           |  |                   |                 |                                                |
|-----------------------------------------------------------|--|-------------------|-----------------|------------------------------------------------|
| 3a. ORGANIZATION'S NAME <b>Summit Funding Group, Inc.</b> |  |                   |                 |                                                |
| OR                                                        |  |                   |                 |                                                |
| 3b. INDIVIDUAL'S LAST NAME                                |  | FIRST NAME        | MIDDLE NAME     | SUFFIX                                         |
| 3c. MAILING ADDRESS <b>4680 Parkway Drive, Suite 300</b>  |  | CITY <b>Mason</b> | STATE <b>OH</b> | POSTAL CODE <b>45040</b><br>COUNTRY <b>USA</b> |

**4. This FINANCING STATEMENT covers the following collateral:**

All computer and other equipment leased by Summit Funding Group, Inc. ("Lessor") to Velocity Servers Inc. ("Debtor/Lessee") pursuant to Lease Agreement No. 105300 between Lessor and Debtor/Lessee. This UCC filing is intended to be for informational and precautionary purposes only, and give notice of Lessor's ownership of the equipment and the existence of a True Lease. If any of the transactions contemplated under this Lease are deemed to be other than a True Lease, then it is the intention of the parties that Lessor has a properly perfected security interest under the Uniform Commercial Code in the goods subject to the Lease.

|                                                                                                                                                            |  |                                                                               |                                        |                                                                                                          |                                   |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]: <input checked="" type="checkbox"/> LESSEE/LESSOR                                                              |  | <input type="checkbox"/> CONSIGNEE/CONSIGNOR                                  | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER                                                                    | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] |  | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] |                                        | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |                                   |                                         |
| 8. OPTIONAL FILER REFERENCE DATA <b>NY-0-40051048-47819730</b>                                                                                             |  |                                                                               |                                        |                                                                                                          |                                   |                                         |

**Filing Number-201309306033954**