

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
PO BOX 303
TRENTON, NEW JERSEY 08646

Status Report For: KARDOS

Transaction Number: 60078163

Reported Date: 10/16/2015

Debtor:

ELIZABETH SARAH KARDOS
56 ANTHONY WAYNE ROAD
NEW VERNON, NJ 07976

DATE FILED:

01/09/2015

FILING NUMBER:

26645872

SECURED PARTY:

KGA FULFILLMENT SERVICES INC
C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD SUITE 400
WILMINGTON, DE 19808

Filing History: 01/09/2015

UCC1

Images Available For Yes

Copy Order?

Number Of Pages:

1

266 45 872

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)

UCC FILED
JAN 09 2015
STATE TREASURER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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	
Kardos	Elizabeth	Sarah		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
56 Anthony Wayne Road	New Vernon	NJ	07976	USA

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				
KGA Fulfillment Services, Inc.				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/o Corporation Service Company 2711 Centerville Road, Suite 400	Wilmington	DE	19808	USA

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

All right, title and interest of the Debtor in and to all of the Equity Interests of the Company now or hereafter owned of record or beneficially by the Debtor.

"Company" means Philidor Rx Services, LLC and its subsidiaries.

"Equity Interests" means (a) any capital stock, share, partnership or membership interest, unit of participation or other similar interest (however designated) in the Company and (b) any option, warrant, purchase right, conversion right, exchange right or other contractual obligation to acquire any such interest or otherwise share in the equity, profit earnings, losses or gains of the Company (including stock appreciation, phantom stock, profit participation or other similar rights).

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5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1A4, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
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	

8. OPTIONAL FILER REFERENCE DATA:
To be filed with the New Jersey Secretary of State