

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Peter Gijs Wijn</b>
B. E-MAIL CONTACT AT FILER (optional) <b>peter.wijn@gmail.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Peter Gijs Wijn</b> <b>Buys Ballotstraat 2</b> <b>Goes NL 4462 AP</b>

**Date of Filing : 07/19/2016**  
**Time of Filing : 01:55:00 PM**  
**File Number : 2016-201-6667-5**  
**Lapse Date : 07/19/2021**

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 <b>STATE OF THE NETHERLANDS</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Plesmanweg 1</b>	<b>The Hague</b>		<b>2597 JG</b>	<b>NL</b>

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 <b>ABNAMRO N.V.</b>				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Gustav Mahlerlaan 10</b>	<b>Amsterdam</b>		<b>1082 PP</b>	<b>NL</b>

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
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Buys Ballotstraat 2</b>	<b>Goes</b>		<b>4462 AP</b>	<b>NL</b>

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

**THIS FINANCIAL STATEMENT covers the follow collateral:**

**Since 06 th March 2000, is the property 50% our ownership, total area is 377 m2, and all things, that are located on, also perceived as Imherzenhof 1, inclusive 1/3 of unsplit ownership with an area of 140m2, what lawfully acquired by us, c/o Buys Ballotstraat 2, 4462 AP Goes, Geographic Region: Zeeland / The Netherlands. All right reserved, without prejudice UCC1-308, nunc pro tunc, praeterea preterea. See: Purchase agreement between, Franciscus Gerardus Maria Roovers, c/o Buys Ballotstraat 2, 4462 AP Goes and Peter Gijs Wijn**

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):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME *or*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME <b>Fijen</b>	FIRST PERSONAL NAME <b>Elisabeth</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Josephus Maria</b>	SUFFIX	
11c. MAILING ADDRESS <b>Buys Ballotstraat 2</b>	CITY <b>Goes</b>	STATE	POSTAL CODE <b>4462 AP</b>	COUNTRY <b>NL</b>

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)      14. This FINANCING STATEMENT:  covers timber to be cut    covers as-extracted collateral    is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:

17. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME <b>ABNAMRO HYPOTHEKEN GROEP B.V.</b>			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>Ruimtevaart 25</b>		CITY <b>Amersfoort</b>	STATE   POSTAL CODE   COUNTRY <b>   3824 MX   NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME <b>QUION HYPOTHEEKBEMIDDELING B.V.</b>			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>		CITY <b>Capelle aan den IJssel</b>	STATE   POSTAL CODE   COUNTRY <b>   2909 VA   NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME <b>QUION GROEP BV</b>			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>		CITY <b>Capelle aan den IJssel</b>	STATE   POSTAL CODE   COUNTRY <b>   2909 VA   NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

24. MISCELLANEOUS:

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18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
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18b. INDIVIDUAL'S SURNAME	
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>Oudenga</b>	FIRST PERSONAL NAME <b>Bruno</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Gerlof Reinder</b>	SUFFIX
19c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b>
			COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME <b>QUION 9 B.V.</b>			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b>
			COUNTRY <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME <b>van Baars</b>	FIRST PERSONAL NAME <b>Johannes</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Antonius Josephus</b>	SUFFIX
21c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b>
			COUNTRY <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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24. MISCELLANEOUS:

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18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
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19a. ORGANIZATION'S NAME <b>DE NEDERLANDSE BANK N.V.</b>			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>Westeinde 1</b>		CITY <b>Amsterdam</b>	STATE   POSTAL CODE   COUNTRY   <b>1017 ZV</b>   <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME <b>Knot</b>	FIRST PERSONAL NAME <b>Klaas</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>H. W.</b>	SUFFIX
20c. MAILING ADDRESS <b>Westeinde 1</b>		CITY <b>Amsterdam</b>	STATE   POSTAL CODE   COUNTRY   <b>1017 ZV</b>   <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME <b>GERECHTSDEURWAARDER EN INCASSOPRAKTIJK A.J. DE JONG</b>			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>Guldenwaard 127 A</b>		CITY <b>Rotterdam</b>	STATE   POSTAL CODE   COUNTRY   <b>3078 AJ</b>   <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY 

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY 

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18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>de Jong</b>	FIRST PERSONAL NAME <b>Adrianus</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Jan</b>	SUFFIX
19c. MAILING ADDRESS <b>Guldenwaard 127 A</b>	CITY <b>Rotterdam</b>	STATE	POSTAL CODE <b>3078 AJ</b> COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME <b>G.J. VAN VELZEN GERECHTSDEURWAARDERSKANTOOR B.V.</b>			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Guldenwaard 127-129</b>	CITY <b>Rotterdam</b>	STATE	POSTAL CODE <b>3078 AJ</b> COUNTRY <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME <b>van Velzen</b>	FIRST PERSONAL NAME <b>G</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>J</b>	SUFFIX
21c. MAILING ADDRESS <b>Guldenwaard 127-129</b>	CITY <b>Rotterdam</b>	STATE	POSTAL CODE <b>3078 AJ</b> COUNTRY <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
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19a. ORGANIZATION'S NAME <b>DEURWAARDERSKANTOOR HANEMAAYER &amp; DE BOER &amp; PARTNERS</b>				
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Pascallaan 68 D</b>	<b>Lelystad</b>		<b>8211 NJ</b>	<b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME				
OR	20b. INDIVIDUAL'S SURNAME <b>Romkes</b>	FIRST PERSONAL NAME <b>A</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Pascallaan 68 D</b>	<b>Lelystad</b>		<b>8211 NJ</b>	<b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR	21b. INDIVIDUAL'S SURNAME <b>Burger</b>	FIRST PERSONAL NAME <b>Cynthia</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Manon Georgette</b>	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>Pascallaan 68 D</b>	<b>Lelystad</b>		<b>8211 NJ</b>	<b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME				
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>de Boer</b>	FIRST PERSONAL NAME <b>Anton</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Ferdinand</b>	SUFFIX
19c. MAILING ADDRESS <b>Pascallaan 68 D</b>	CITY <b>Lelystad</b>	STATE	POSTAL CODE <b>8211 NJ</b>
			COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME <b>MINISTERIE VAN FINANCIEN</b>			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Korte Voorhout 7</b>	CITY <b>The Hague</b>	STATE	POSTAL CODE <b>2511 CW</b>
			COUNTRY <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME <b>SABEWA</b>			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>Kennedylaan 1</b>	CITY <b>Terneuzen</b>	STATE	POSTAL CODE <b>4538 AE</b>
			COUNTRY <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
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24. MISCELLANEOUS:



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FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**Date of Filing : 07/19/2016**  
**Time of Filing : 01:55:00 PM**  
**File Number : 2016-201-6667-5**  
**Lapse Date : 07/19/2021**

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>van Strien</b>	FIRST PERSONAL NAME <b>P</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>Kennedylaan 1</b>	CITY <b>Terneuzen</b>	STATE	POSTAL CODE <b>4538 AE</b>
			COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME <b>MINISTERIE VAN VEILIGHEID EN JUSTITIE</b>			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Turfmarkt 147</b>	CITY <b>The Hague</b>	STATE	POSTAL CODE <b>2511 DP</b>
			COUNTRY <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME <b>HYPOTRUST</b>			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b>
			COUNTRY <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

24. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>Hunink</b>	FIRST PERSONAL NAME <b>J.</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b>
			COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME <b>Rutte</b>	FIRST PERSONAL NAME <b>Mark</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>Plesmanweg 1</b>	CITY <b>The Hague</b>	STATE	POSTAL CODE <b>2597 JG</b>
			COUNTRY <b>NL</b>

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME <b>Zalm</b>	FIRST PERSONAL NAME <b>Gerrit</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>Gustav Mahlerlaan 10</b>	CITY <b>Amsterdam</b>	STATE	POSTAL CODE <b>1082 PP</b>
			COUNTRY <b>NL</b>

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

24. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>STATE OF THE NETHERLANDS</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME <b>van den Akker</b>	FIRST PERSONAL NAME <b>Michel</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>Fascinatio Boulevard 1302</b>	CITY <b>Capelle aan den IJssel</b>	STATE	POSTAL CODE <b>2909 VA</b> COUNTRY <b>NL</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

24. MISCELLANEOUS:

4. This FINANCING STATEMENT covers the following collateral:

and Elisabeth Josephus Maria Fijen. Issued pursuant to and Governed by I AM, eternal essence, in body, Rec. No. 2013032035, restated and incorporated by reference as if set forth in full PRE-APPROVED, PRE-AUTHORIZED, and PRE-PAID. NOTICE: All rights reserved and without prejudice, public policy UCC 1-308, any and all "STATE OF . . ." and International equivalents, I AM One of the One People created by the Creator, domicil in my own body and mind, a bondservant to the Creator; My mind and body currently domicil by choice on the various 6 locations of the Earth; my principle of law is knowingly, willingly and intentionally aligned with common law, protected under the Constitution of The United States of America, Article 4, Section 3, Clause 1, governed and insured by public policy UCC 1-103, and all "STATE OF . . ." and International equivalents; and, pursuant to public policy UCC 3-501, any and all "STATE OF . . ." and International equivalents. SEE UCC FILED DOCUMENTS: ULIO DOC.NO: 2012127914; 2012088865; 2012079322; 201229612092; 2000043135; 2012128324; 201229612092; 2013032035 \*\*All these REGISTRATIONS, are lawfully legally binding on any and all former principals, agents and beneficiaries of the slavery systems, inclusive of any and all Universal, International, National and State of... equivalents, by PRINCIPAL AGENT DOCTRINE preserved and guaranteed by public policy UCC 1-103 COMMON LAW remedy thereunder guaranteed, public policy UCC 1-305