| UCC FINAN  | NCING STATEME  | INT   |  |  |  |                              |  |   |  |  |
|--|--|---|--|--|--|------------------------------|--|---|--|--|
|  | NE OF CONTACT AT FILE  | R (optional)  |  |  |  | ng : 07/19/201               |  |   |  |  |
| Peter Gijs Wijn  B. E-MAIL CONTACT AT FILER (optional)  peter.wijn@gmail.com |  |   |  |  | Time of Filing: 01:55:00 PM<br>File Number : 2016-201-6667-5 |                              |  |   |  |  |
|  | DWLEDGMENT TO: (Nam  | e and Address)  |  |  | Lapse Date   | : 07/19/202                  | 21   |   |  |  |
| Peter Gijs<br>Buys Ball<br>Goes NL   | otstraat 2   |   |  |  |  |                              |  |   |  |  |
| <b> </b>   |  |   |  |  | THE AB   | OVE SPACE IS F               | OR FILING OFFICE                                     | USE ONLY  |  |  |
|  | IAME: Provide only one Debtorn line 1b, leave all of item 1 bla  |   |  |  |  |                              | or's name); if any part o<br>Statement Addendum (F   |   |  |  |
| 1a. ORGANIZA<br>STATE  | TION'S NAME  OF THE NETHE  | RLANDS  |  |  |  |                              |  |   |  |  |
| OR 1b. INDIVIDUA   |  |   | F  | IRST PERSONA                               | L NAME   | ADDITI                       | ONAL NAME(S)/INITIAL                                 | L(S) SUFFIX                                       |  |  |
| 1c. MAILING ADDR   |  |   |  | CITY The Hague                             |  |                              | POSTAL CODE<br>2597 JG                               | COUNTRY   |  |  |
|  | IAME: Provide only one Debto<br>in line 2b, leave all of item 2 bla  |   | <u> </u>   |  |  |                              | or's name); if any part o<br>Statement Addendum (F   |   |  |  |
| 2a. ORGANIZA   | TION'S NAME  | and, check here   | una provide une  | marviduai Bosto                            | i illomaton in tom   | To or the rindholling t      | Statement Addendam (1                                |   |  |  |
| OR ABNAM   | IRO N.V.   |   | le   | IRST PERSONA                               | NAME   | ADDITI                       | ONAL NAME(S)/INITIAL                                 | L(S) SUFFIX                                       |  |  |
| 26. INDIVIDUA  | L S SURNAME  |   |  | IKST PERSONA                               | LINAME   | ADDITI                       | ONAL NAME(S)/INITIAL                                 | -(5)  SUFFIX                                      |  |  |
| 2c. MAILING ADDR Gustav Ma   | ess<br>ahlerlaan 10  |   |  | Amsterda                                   | m  | STATE                        | POSTAL CODE<br>1082 PP                               | COUNTRY   |  |  |
| 3. SECURED P   | ARTY'S NAME (or NAME o   | f ASSIGNEE of AS  | SSIGNOR SECURE   | D PARTY): Prov                             | ride only <u>one</u> Secured                                 | d Party name (3a or          | 3b)  |   |  |  |
| OR OR OR OTHER PROPERTY.   |  |   |  |  |  |                              |  |   |  |  |
| 3b. INDIVIDUA Wijn   | L'S SURNAME  |   |  | irst persona<br><b>Peter</b>               | L NAME   | ADDITI<br><b>Gij</b> s       | ONAL NAME(S)/INITIAL                                 | L(S) SUFFIX                                       |  |  |
| 3c. MAILING ADDR   |  |   | I .  | CITY                                       |  | STATE                        | POSTAL CODE  | COUNTRY   |  |  |
| Buys Ballo   | tstraat 2  This financing statement cove   |   |  | Goes                                       |  |                              | 4462 AP  | NL  |  |  |
| THIS FINAL<br>Since 06 th I<br>perceived as<br>Buys Ballots<br>UCC1-308, I   | NCIAL STATEMEN<br>March 2000, is the pi<br>Imherzenhof 1, incl<br>straat 2, 4462 AP Go<br>nunc pro tunc, praet<br>straat 2, 4462 AP Go | NT covers the coperty 50% usive 1/3 of bes, Geographics area pretered | ne follow coll<br>o our owners<br>unsplitted ov<br>phic Region:<br>ea. See: Purc | ship, total a<br>wnership w<br>Zeeland / ' | ith an area of<br>The Netherlar                              | 140m2, what<br>ds. All right | l lawfully acquireserved, witho                      | red by us, c/o<br>ut prejudice                    |  |  |
|  | licable and check <u>only</u> one box<br>plicable and check <u>only</u> one bo   |   | held in a Trust (see   | e UCC1Ad, item                             | 17 and Instructions)   |                              | tered by a Decedent's F<br>y if applicable and checl | Personal Representative<br>k <u>only</u> one box: |  |  |
|  |  | nufactured-Home   |  | A Debtor is a                              | Transmitting Utility   |                              | ultural Lien No                                      | n-UCC Filing Licensee/Licensor                    |  |  |
|  | ESIGNATION (if applicable): ER REFERENCE DATA:   | Lessee/Less   | ooi Cor  | isignee/Consign                            | J. Seller  | , Duyei 🔽 E                  | panee/DallUI   | LICETISEE/LICETISOI                               |  |  |

# **UCC FINANCING STATEMENT ADDENDUM**

| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financir   |  |                                    |  |                   |
|--|--|------------------------------------|--|-------------------|
| because Individual Debtor name did not fit, check here   | ng Statement; if line 1b was left blank                            | Date of Filing: 0                  |  |                   |
| 9a. ORGANIZATION'S NAME  |  | Time of Filing:                    |  |                   |
| STATE OF THE NETHERLANDS   | File Number :  |                                    |  |                   |
|  |  | Lapse Date : 0                     | 07/19/2021   |                   |
|  |  |                                    |  |                   |
| 9b. INDIVIDUAL'S SURNAME   |  |                                    |  |                   |
|  |  |                                    |  |                   |
| FIRST PERSONAL NAME  |  |                                    |  |                   |
|  |  |                                    |  |                   |
| ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX   |                                    |  |                   |
|  |  | THE ABOVE SPAC                     | E IS FOR FILING OFFICE                                       | USE ONLY          |
| 0. DEBTOR'S NAME: Provide (10a or 10b) only one additional   | Debtor name or Debtor name that did not fi                         | t in line 1b or 2b of the Financin | g Statement (Form UCC1) (us                                  | e exact, full nan |
| 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   |  |                                    |  |                   |
| DR - CO INDIVIDUALIS CURNAME   |  |                                    |  |                   |
| 10b. INDIVIDUAL'S SURNAME  |  |                                    |  |                   |
| INDIVIDUAL IN FIRST REPOSALLA LIVATE   |  |                                    |  |                   |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |                                    |  |                   |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |  |                                    |  | SUFFIX            |
| INDIVIDUAL S ADDITIONAL NAME(S)/INTIAL(S)  |  |                                    |  | SUFFIX            |
| Dc. MAILING ADDRESS  | CITY   | STATI                              | E POSTAL CODE  | COUNTRY           |
| INALLING ADDITESS  | GITT   | SIAII                              | L TOUTAL GODE  | COONTRI           |
| 11a. ORGANIZATION'S NAME   | FIRST PERSONAL NAME  | Y'S NAME: Provide only <u>one</u>  |  | SUFFIX            |
| 1. ADDITIONAL SECURED PARTY'S NAME or [ 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen   |  | ADDI                               | TIONAL NAME(S)/INITIAL(S) sephus Maria                       | SUFFIX            |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  | FIRST PERSONAL NAME  Elisabeth  CITY                               | ADDI                               | rional name(s)/initial(s) ephus Maria e   Postal code        | COUNTRY           |
| T1a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  Ic. MAILING ADDRESS  Buys Ballotstraat 2   | FIRST PERSONAL NAME  Elisabeth                                     | Jos                                | rional name(s)/initial(s) sephus Maria                       |                   |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2   | FIRST PERSONAL NAME  Elisabeth  CITY                               | Jos                                | rional name(s)/initial(s) ephus Maria e   Postal code        | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  | FIRST PERSONAL NAME Elisabeth CITY Goes                            | Jos<br>Stati                       | rional name(s)/initial(s) ephus Maria e   Postal code        | COUNTRY           |
| T1a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  Ic. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):   | FIRST PERSONAL NAME Elisabeth CITY Goes                            | ADDIT JOS STATI                    | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| This FINANCING STATEMENT is to be filed [for record] (or received and address of a RECORD OWNER of real estate described.  | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or record).   | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or received and selected applicable)  5. Name and address of a RECORD OWNER of real estate described  | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or received and selected applicable)  5. Name and address of a RECORD OWNER of real estate described  | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| This FINANCING STATEMENT is to be filed [for record] (or recall that the state described for small and address of a RECORD OWNER of real estate described for small that the state described for small and address of a RECORD OWNER of real estate described for small that the state described for small that the small that the state described for small that the small that the state described for small that the small th | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| This FINANCING STATEMENT is to be filed [for record] (or recall that the state described for small and address of a RECORD OWNER of real estate described for small that the state described for small and address of a RECORD OWNER of real estate described for small that the state described for small that the small that the state described for small that the small that the state described for small that the small th | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3 This FINANCING STATEMENT is to be filed [for record] (or received applicable)  5. Name and address of a RECORD OWNER of real estate described  | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or received applicable)  5. Name and address of a RECORD OWNER of real estate described   | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or received applicable)  5. Name and address of a RECORD OWNER of real estate described   | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |
| 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  Fijen  1c. MAILING ADDRESS  Buys Ballotstraat 2  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or received applicable)  5. Name and address of a RECORD OWNER of real estate described   | FIRST PERSONAL NAME  Elisabeth  CITY  Goes  44. This FINANCING STA | ADDIT Jos                          | rional name(s)/initial(s) sephus Maria E POSTAL CODE 4462 AP | COUNTRY           |

**FOLLOW INSTRUCTIONS** 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank Date of Filing: 07/19/2016 because Individual Debtor name did not fit, check here [ Time of Filing: 01:55:00 PM 18a. ORGANIZATION'S NAME File Number : 2016-201-6667-5 STATE OF THE NETHERLANDS Lapse Date : 07/19/2021 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 ABNAMRO HYPOTHEKEN GROEP B.V. 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 19c. MAILING ADDRESS POSTAL CODE COUNTRY **Ruimtevaart 25** Amersfoort 3824 MX NL 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 QUION HYPOTHEEKBEMIDDELING B.V. 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS COUNTRY POSTAL CODE Fascinatio Boulevard 1302 Capelle aan den IJssel 2909 VA NL 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 **QUION GROEP BV** OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS POSTAL CODE COUNTRY Fascinatio Boulevard 1302 Capelle aan den IJssel 2909 VA NL ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS 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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| _   | LLOW INSTRUCTIONS   |                                  | 1                              |   |                              |          |
|-----|---|----------------------------------|--------------------------------|---|------------------------------|----------|
|     | NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here | f line 1b was left blank         | Date of Filin<br>Time of Filin | _   |                              |          |
|     | 18a. ORGANIZATION'S NAME STATE OF THE NETHERLANDS   |                                  |                                | r : 20  | 16-201-6667-5<br>19/2021     |          |
| OR  | 18b. INDIVIDUAL'S SURNAME   |                                  |                                |   |                              |          |
|     | FIRST PERSONAL NAME   |                                  |                                |   |                              |          |
|     | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                           | THE ABOVE                      | SDACE   | S FOR FILING OFFICE U        | SE ONI V |
| 19  | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19   | Oh) (use exact full name: do r   |                                |   |                              | SE UNLT  |
| 10. | 19a. ORGANIZATION'S NAME  | ob) (use exact, full flame, us f | or diffe, modify, or abi       | Jieviale ali                                  | y part of the Debtor 3 hame) |          |
| OR  | 19b. INDIVIDUAL'S SURNAME  Oudenga  | FIRST PERSONAL NAME <b>Bruno</b> |                                | ADDITIONAL NAME(S)/INITIAL(S)  Gerlof Reinder |                              | SUFFIX   |
| 19c | . MAILING ADDRESS   | CITY                             |                                | STATE POSTAL CODE                             |                              | COUNTRY  |
| F   | ascinatio Boulevard 1302  | Capelle aan den IJssel           |                                |   | 2909 VA                      | NL       |
| OR  | OR  |                                  |                                |   |                              |          |
|     | MAILING ADDRESS ascinatio Boulevard 1302  | Capelle aan den                  | Hagel                          | STATE   | POSTAL CODE 2909 VA          | COUNTRY  |
|     |   | -                                |                                |   |                              | NL       |
| 21. | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 21a. ORGANIZATION'S NAME                                     | 1b) (use exact, full name; do r  | not omit, modify, or ab        | breviate an                                   | y part of the Debtor's name) |          |
| OR  | 21b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME              |                                | ADDITIO                                       | NAL NAME(S)/INITIAL(S)       | SUFFIX   |
|     | van Baars   | Johannes                         |                                | Anthonius Josephu                             |                              |          |
|     | . MAILING ADDRESS   | CITY                             |                                | STATE   | POSTAL CODE                  | COUNTRY  |
| F   | ascinatio Boulevard 1302  | Capelle aan den IJssel           |                                |   | 2909 VA                      | NL       |
| 22. | ADDITIONAL SECURED PARTY'S NAME or ASSIGNO 22a. ORGANIZATION'S NAME   | OR SECURED PARTY                 | 'S NAME: Provide o             | only <u>one</u> na                            | me (22a or 22b)              |          |
| OR  | 22b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME              |                                | ADDITION                                      | NAL NAME(S)/INITIAL(S)       | SUFFIX   |
| 22c | . MAILING ADDRESS   | CITY                             |                                | STATE   | POSTAL CODE                  | COUNTRY  |
| 23. | ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNO  | I<br>DR SECURED PARTY            | 'S NAME: Broyide o             | nly one ne                                    | mo (220 or 22h)              |          |
| 23. | 23a. ORGANIZATION'S NAME  | JR SECORED I ART I               | O NAME. Flovide C              | only <u>one</u> na                            | me (23a 01 23b)              |          |
| OR  | 23b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME              |                                | ADDITIO                                       | NAL NAME(S)/INITIAL(S)       | SUFFIX   |
| 23c | . MAILING ADDRESS   | CITY                             |                                | STATE   | POSTAL CODE                  | COUNTRY  |

| FO   | LLOW 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 |   |   |                    |                           | Date of Filing: 07/19/2016 |                               |          |  |
|  | 18a. ORGANIZATION'S NAME STATE OF THE NETHERLANDS   | Time of Filing: 01:55:00 PM File Number : 2016-201-6667-5 Lapse Date : 07/19/2021 |                    |                           |                            |                               |          |  |
| OR   | 18b. INDIVIDUAL'S SURNAME   |   |                    |                           |                            |                               |          |  |
|  | FIRST PERSONAL NAME   |   |                    |                           |                            |                               |          |  |
|  | ADDITIONAL NAME(S)/INITIAL(S)   |   | SUFFIX             | THE ABOVE                 | SDACE                      | S EOD EILING OFFICE           | USE ONLY |  |
| 10   | I<br>ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a or 1              | 10h) (uso ovast   | full name: do n    |                           |                            | S FOR FILING OFFICE           |          |  |
| 13.  | 19a. ORGANIZATION'S NAME  DE NEDERLANDSE BANK N.V.  | (use exact  | , ruii riame, do n | ot offitt, mounty, or abi | oreviale ai                | y part of the Debtor's Hame)  |          |  |
| OR   | 19b. INDIVIDUAL'S SURNAME   | FIRST PERS  | ONAL NAME          |                           | ADDITIO                    | NAL NAME(S)/INITIAL(S)        | SUFFIX   |  |
|  | MAILING ADDRESS Vesteinde 1   | CITY<br>Amster  | dam                |                           | STATE                      | POSTAL CODE 1017 ZV           | COUNTRY  |  |
| 20.  | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a. ORGANIZATION'S NAME | 20b) (use exact   | , full name; do r  | oot omit, modify, or ab   | breviate a                 | ny part of the Debtor's name) |          |  |
| OR   | 20b. INDIVIDUAL'S SURNAME   | FIRST PERS  | ONAL NAME          |                           | ADDITIO                    | NAL NAME(S)/INITIAL(S)        | SUFFIX   |  |
|  | Knot  | Klaas   | ONAL NAME          |                           | H. W                       | <i>I</i> •                    |          |  |
|  | . MAILING ADDRESS<br>V <b>esteinde 1</b>  | Amster  | dam                |                           | STATE                      | POSTAL CODE<br>1017 ZV        | NL       |  |
| 21.  | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2                          | 21b) (use exact   | , full name; do n  | ot omit, modify, or abl   | breviate a                 | ny part of the Debtor's name) | '        |  |
|  | 21a. ORGANIZATION'S NAME GERECHTSDEURWAARDER EN INCASS                                    | OPRAK   | TIJK A.J           | . DE JONG                 |                            |                               |          |  |
| OR   | 21b. INDIVIDUAL'S SURNAME   | FIRST PERS  |                    |                           | ADDITIO                    | NAL NAME(S)/INITIAL(S)        | SUFFIX   |  |
|  | MAILING ADDRESS  uldenwaard 127 A   | CITY  | lam                |                           | STATE                      | POSTAL CODE 3078 AJ           | COUNTRY  |  |
| _  |   |   |                    |                           |                            |                               | NL       |  |
| 22.  | ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO  | OR SECUR  | RED PARTY          | S NAME: Provide of        | only <u>one</u> na         | ame (22a or 22b)              |          |  |
| OR   | 22b. INDIVIDUAL'S SURNAME   | FIRST PERS  | ONAL NAME          |                           | ADDITIO                    | NAL NAME(S)/INITIAL(S)        | SUFFIX   |  |
| 22c  | . MAILING ADDRESS   | CITY  |                    |                           | STATE                      | POSTAL CODE                   | COUNTRY  |  |
| _  |   | 100 05011   |                    | <b></b>                   |                            |                               |          |  |
| 23.  | ADDITIONAL SECURED PARTY'S NAME or ASSIGN ASSIGN ASSIGN ASSIGN                            | OR SECUR  | (ED PARTY          | S NAME: Provide of        | only <u>one</u> na         | ame (23a or 23b)              |          |  |
| OR   | 23b. INDIVIDUAL'S SURNAME   | FIRST PERS  | ONAL NAME          |                           | ADDITIO                    | NAL NAME(S)/INITIAL(S)        | SUFFIX   |  |
| 23c  | . MAILING ADDRESS   | CITY  |                    |                           | STATE                      | POSTAL CODE                   | COUNTRY  |  |
| 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 Date of Filing: 07/19/2016 because Individual Debtor name did not fit, check here T Time of Filing: 01:55:00 PM 18a. ORGANIZATION'S NAME File Number : 2016-201-6667-5 STATE OF THE NETHERLANDS Lapse Date : 07/19/2021 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX de Jong **Adrianus** Jan 19c. MAILING ADDRESS POSTAL CODE COUNTRY Guldenwaard 127 A Rotterdam 3078 A.J NL 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 G.J. VAN VELZEN GERECHTSDEURWAARDERSKANTOOR B.V. 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS POSTAL CODE COUNTRY CITY Guldenwaard 127-129 **Rotterdam** 3078 AJ NL 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 van Velzen G J 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Guldenwaard 127-129 Rotterdam 3078 A.J NL ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS 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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| 18.  | NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i                     | if line 1b was left blank      | Date of Filin                              | g: <b>07</b> /1                          | 19/2016                              |          |
|------|---|--------------------------------|--|--|--------------------------------------|----------|
|      | because Individual Debtor name did not fit, check here                                    |                                | Time of Filin<br>File Number<br>Lapse Date | : 20                                     | 55:00 PM<br>16-201-6667-5<br>19/2021 |          |
| OR   | 18b. INDIVIDUAL'S SURNAME   |                                |  |  |                                      |          |
|      | FIRST PERSONAL NAME   |                                | _  |  |                                      |          |
|      | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                         | THE ABOVE                                  | SPACE II                                 | S FOR FILING OFFICE U                | ISE ONLY |
| 19   | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1                          | 9h) (use exact_full name: do : |  |  |                                      | JOE OILE |
| 10.  | 19a. ORGANIZATION'S NAME  | ob) (use oxaot, rail flame, do | The office, modify, or abb                 | TOVILLO UIT                              | y part of the Debtor o hame,         |          |
| OR   | 19b. INDIVIDUAL'S SURNAME  de Boer  | FIRST PERSONAL NAME Anton      |  | ADDITIONAL NAME(S)/INITIAL(S)  Ferdinand |                                      | SUFFIX   |
|      | . MAILING ADDRESS<br>ASCAllaan 68 D   | city Lelystad                  |  | STATE                                    | POSTAL CODE<br>8211 NJ               | COUNTRY  |
| 20.  | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a. ORGANIZATION'S NAME | 20b) (use exact, full name; do | not omit, modify, or abb                   | reviate an                               | y part of the Debtor's name)         | <u>'</u> |
|      | MINISTERIE VAN FINANCIEN  |                                |  |  |                                      |          |
| OR   | 20b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME            |  | ADDITIO                                  | NAL NAME(S)/INITIAL(S)               | SUFFIX   |
|      | . MAILING ADDRESS Orte Voorhout 7   | The Hague                      |  | STATE                                    | POSTAL CODE 2511 CW                  | COUNTRY  |
| 21   | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2                          | 21h) (use exact_full_name: do  | not omit modify or abb                     | reviate an                               | v part of the Debtor's name)         |          |
|      | 21a. ORGANIZATION'S NAME  SABEWA  | , (,                           | ,,   |  | , , ,                                |          |
| OR   | 21b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME            |  | ADDITIO                                  | NAL NAME(S)/INITIAL(S)               | SUFFIX   |
| 21c. | I<br>. MAILING ADDRESS  | CITY                           |  | STATE                                    | POSTAL CODE                          | COUNTRY  |
| K    | ennedylaan 1  | Terneuzen                      |  |  | 4538 AE                              | NL       |
| 22.  | ADDITIONAL SECURED PARTY'S NAME or ASSIGN   | OR SECURED PARTY               | 'S NAME: Provide or                        | nly <u>one</u> na                        | me (22a or 22b)                      |          |
|      | 22a. ORGANIZATION'S NAME  |                                |  |  |                                      |          |
| OR   | 22b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME            |  | ADDITIO                                  | NAL NAME(S)/INITIAL(S)               | SUFFIX   |
| 22c  | . MAILING ADDRESS   | CITY                           |  | STATE                                    | POSTAL CODE                          | COUNTRY  |
| 23.  | ADDITIONAL SECURED PARTY'S NAME or ASSIGN   | OR SECURED PARTY               | ''S NAME: Provide of                       | nly one na                               | me (23a or 23b)                      |          |
| _0.  | 23a. ORGANIZATION'S NAME  |                                |  | , <u>0.10</u> 11a                        | \200 0. 200)                         |          |
| OR   | 23b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME            |  | ADDITIO                                  | NAL NAME(S)/INITIAL(S)               | SUFFIX   |
| 23c  | I<br>. MAILING ADDRESS  | CITY                           |  | STATE                                    | POSTAL CODE                          | COUNTRY  |
|      |   | •                              |  |  |                                      | •        |

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Internal

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#### 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