

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Office of the Clerk
Virginia State Corporation Commission

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A. NAME & PHONE OF CONTACT AT FILER (optional) Eric Moran Lemmer
B. E-MAIL CONTACT AT FILER (optional) elemmer@arlingtonlawgroup.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Eric Moran Lemmer 1739 Clarendon Boulevard Arlington, VA 22209 USA

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 Schmidt	FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S) D.		SUFFIX
1c. MAILING ADDRESS 800 Park Offices Drive Suite 3209	CITY Research Triangle Park	STATE NC	POSTAL CODE 27709	COUNTRY 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 Cyberlux Corporation				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 800 Park Offices Drive Suite 3209	CITY Research Triangle Park	STATE NC	POSTAL CODE 27709	COUNTRY USA

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 Atlantic Wave Holdings, LLC				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 11 S. 12th Street	CITY Richmond	STATE VA	POSTAL CODE 23219	COUNTRY USA

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

All of each Debtor's right, title and interest, whether now owned or hereafter acquired, in all of such Debtor's assets, including without limitation (i) any and all inventory (including without limitation relating to drones), equipment, accounts, chattel paper, contractual rights, instruments, letter-of-credit rights, letters of credit, documents, deposit accounts, money, intellectual property (including without limitation relating to drones), general intangibles, accounts receivable and other rights to payment and performance, (ii) any and all furniture, fixtures, attachments, accessions, accessories, fittings, tools, parts, supplies and commingled goods relating to any of the foregoing property, (iii) any and all additions, replacements of and substitutions for all or any part of any of the foregoing property, (iv) any and all insurance proceeds relating to any of the foregoing property, (v) any and all goodwill relating to any of the foregoing property, and (vi) in the case of Debtor Cyberlux Corporation, all subsidiaries of such Debtor, including without limitation Catalyt Machineworks, LLC.

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 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	
OR	
18b. INDIVIDUAL'S SURNAME Schmidt	
FIRST PERSONAL NAME Mark	
ADDITIONAL NAME(S)/INITIAL(S) D.	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 Secure Community, LLC				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS 11 S. 12th Street	CITY Richmond	STATE VA	POSTAL CODE 23219	COUNTRY USA

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: