[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

13538 EMC CORPORATIO

11401595

RIRI

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: Citizens Bank of Rhode Island

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
One Citizens Plaza	Providence	RI	02902-1339	USA

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		BANK ASSOC.	RI	40481 ☐ NONE

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	COUNTRY

2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

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: De Lage Landen Financial Services, Inc.

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1111 Old Eagle School Road	Wayne	PA	19087	USA

4. This FINANCING STATEMENT covers the following collateral:

INCLUDING BUT NOT LIMITED TO ALL REPLACEMENTS, PARTS, REPAIRS AND ATTACHMENTS, INCORPORATED THEREIN OR AFFIXED THERETO, NOW OWNED OR HEREAFTER ACQUIRED. (1)NS80CDME60 with:(2)RACK-40U-60,(1)NS-4PDAE-80,(10)NS-4PDAE,(1)NS80-CS, (1)NS80-CS2,(1)NS80-DME0,(1)NS80CDM0-4A,(1)NS80-AUX,(125)NS-2G10-300, (5)NS2G10-300-HS,(21)NS-SA07-500,(2)NS-SA07-500HS,(2)PW40U-60-US, (6)SFP-HSSDC2-5M,(2)FC2-HSSDC-8M,(1)MODEM-US,(1)NS-DCD,(1)NS-ISCSI-DCD, (1)NAS-MGR-L,(2)NS80-IS-CI-L,(2)NS80-IS-NF-L,(2)NS80C-CIFS-L,(1)NS80-CAVA2-L, (2)NS80-REP-L,(2)NS80C-UNIX-L,(1)CE-PASPRT03 (1)NS80CDME60 with:(2)RACK-40U-60,(1)NS-4PDAE-80,(10)NS-4PDAE,(1)NS80-CS, (1)NS80-CS2,(1)NS80-DME0,(1)NS80CDM0-4A,(1)NS80-AUX,(125)NS-2G10-300, (5)NS2G10-300-HS,(21)NS-SA07-500,(2)NS-SA07-500HS,(2)PW40U-60-US, (6)SFP-HSSDC2-5M,(2)FC2-HSSDC-8M,(1)MODEM-US,(1)NS-DCD,(1)NS-ISCSI-DCD, (1)NAS-MGR-L,(2)NS80-IS-CI-L,(2)NS80-IS-NF-L,(2)NS80C-CIFS-L,(1)NS80-CAVA2-L, (2)NS80-REP-L,(2)NS80C-UNIX-L,(1)CE-PASPRT03 (1)Rainfinity GFV5-1216CECL with:(1)GFV-DCD-FEMCL,(1)GFV5-FM-BASE, (2)GFV-SERVER-CL (1)Rainfinity GFV5-1216CECL with:(1)GFV-DCD-FEMCL,(1)GFV5-FM-BASE, (2)GFV-SERVER-CL

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ 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] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

11401595 TG 123094C/21

11726-7-0

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME: Citizens Bank of Rhode Island

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

10. MISCELLANEOUS

11401595-RI-0

13538 EMC CORPORATIO

TG

123094C/21

File with: Rhode Island

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☒ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME: EMC Corporation

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
176 South Street Mail Code B1/B45	Hopkinton	MA	01748	

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☐ fixture filing.

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years

☐ Filed in connection with a Public-Finance Transaction -- effective 30 years

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