

# UCC-1 Form

---

## FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY      Phone: 800-858-5294

## CONTACT INFORMATION

Contact name: CSC[114780203]

Street #1: 801 ADLAI STEVENSON DR

City: SPRINGFIELD      State: IL      ZIP: 62703      Country: USA

Notification Method: E-MAIL      Email: RIUCCFILINGS@CSCINFO.COM

---

## DEBTOR INFORMATION

Org. Name: PROVANT HEALTH SOLUTIONS, LLC

Mailing Address1: 42 LADD STREET

City: EAST GREENWICH      State: RI      ZIP: 02818      Country: USA

---

## SECURED PARTY INFORMATION

Org. Name: HEWLETT-PACKARD FINANCIAL SERVICES COMPANY

Mailing Address1: 200 CONNELL DRIVE

City: BERKELEY HEIGHTS      State: NJ      ZIP: 07922      Country: USA

---

TRANSACTION TYPE: STANDARD  
COLLATERAL IS / ADMINISTERED BY:  
ALTERNATIVE DESIGNATION:

**COLLATERAL**

All equipment and software now or hereafter acquired, which Secured Party has leased to or financed for Debtor, including, but not limited to, computer, printing, imaging, copying, scanning, projection and storage equipment, any and all related peripherals, attachments, accessions, additions, general intangibles, substitutions, supplies, replacements, and any right, title or interest in any license for any software used to operate or otherwise installed in any of the foregoing, and products and proceeds of all of the foregoing (including insurance proceeds).