

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **CONTECH MEDICAL, INC.**

Mailing Address: **99 HARTFORD AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **XEROX FINANCIAL SERVICES**

Mailing Address: **201 MERRITT 7**

City, State Zip Country: **NORWALK, CT 06856 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-80380826-61283471

COLLATERAL

ONE - NEW XEROX C9065XLS98221 , ONE - NEW XEROX C8145H298222 , ONE - NEW XEROX C8145H298223 , ONE - NEW XEROX C8145H298224 , ONE - NEWB8145H298225 , TOGETHER WITH ALL ATTACHMENTS, ACCESSORIES, REPLACEMENTS, REPLACEMENT PARTS, SUBSTITUTIONS, ADDITIONS, PROCEEDS AND REPAIRS THERETO. THIS FILING IS FOR PROTECTIVE PURPOSES ONLY. NOTHING CONTAINED IN THIS FINANCING STATEMENT, NOR THE FILING THEREOF, SHALL BE DEEMED TO CONSTRUE THE LEASE, OR THE LEASING OF THE EQUIPMENT THEREUNDER, AS A CONDITIONAL SALE OR INSTALLMENT SALE AGREEMENT, A LEASE IN THE NATURE OF A SECURITY AGREEMENT OR ANYTHING OTHER THAN A TRUE LEASE OF PERSONAL PROPERTY.