

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **BLUE CROSS & BLUE SHIELD OF RHODE ISLAND**

*Mailing Address:* **500 EXCHANGE ST**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **XEROX CORPORATION**

*Mailing Address:* **1301 RIDGEVIEW BLDG 300**

*City, State Zip Country:* **LEWISVILLE, TX 75057 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: RI-0-82057159-62017057**

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## COLLATERAL

ONE (1) XEROX IR120, ONE (1) XEROX IR120NX, ONE (1) XEROX V280 AND ONE (1) XEROX V280INTEG TOGETHER WITH ALL PARTS, ATTACHMENTS, ADDITIONS, REPLACEMENTS AND REPAIRS INCORPORATED IN OR AFFIXED THERETO. THIS FILING IS FOR PROTECTIVE PURPOSES ONLY. NOTHING CONTAINED IN THE 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.