

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CORPORATION SERVICE COMPANY**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **BAYVIEW PHARMACY, INC.**

*Mailing Address:* **3844 POST RD**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **McKESSON CORPORATION, FOR ITSELF AND AS COLLATERAL AGENT FOR EACH OF ITS AFFILIATES**

*Mailing Address:* **6651 GATE PARKWAY**

*City, State Zip Country:* **JACKSONVILLE, FL 32256 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2176 05515**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL ACCESSIONS THERETO AND ALL PRODUCTS AND PROCEEDS THEREOF.