# **UCC-1** Form

## FILER INFORMATION

Full name: WOLTERS KLUWER LIEN SOLUTIONS

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#### SEND ACKNOWLEDGEMENT TO

Contact name: LIEN SOLUTIONS

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### **DEBTOR INFORMATION**

Org. Name: SITE SPECIFIC LLC Mailing Address: 141 GANO ST City, State Zip Country: PROVIDENCE, RI 02906 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-0-90286837-65451268

### COLLATERAL

ONE - NEW XEROX C7125180129, ONE - NEW HP T1600180130, ONE - NEW XEROX C60180131, 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.