

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: WOMEN & INFANTS HOSPITAL OF RHODE ISLAND

Mailing Address: 101 DUDLEY STREET

City, State Zip Country: PROVIDENCE, RI 02905 USA

SECURED PARTY INFORMATION

Org. Name: INTUITIVE SURGICAL, INC.

Mailing Address: 1020 KIFER ROAD

City, State Zip Country: SUNNYVALE, CA 94086 USA

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: :42002550 2485 47877

COLLATERAL

ONE (1) DA VINCI XI SURGICAL SYSTEM WITH DUAL CONSOLE ONE (1) DA VINCI XI INTEGRATED TABLE MOTION UPGRADE ONE (1) E-100 GENERATOR ONE (1) DA VINCI SIMNOW SKILLS SIMULATOR