

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ST. JOHN BAPTIST DE LA SALLE INSTITUTE**

Mailing Address: **612 ACADEMY AVE**

City, State Zip Country: **PROVIDENCE, RI 02908 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-0-96282698-68015021

COLLATERAL

ONE - NEW XEROX B9100 253590, ONE - NEW XEROX B9100 253591, ONE - NEW XEROX B9100 253592, ONE - NEW XEROX B9100 253593, ONE - NEW XEROX C8145 253594, ONE - NEW XEROX C8135 253600, ONE - NEW XEROX C8135 253601, ONE - NEW XEROX B8155 253602 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 CONSTRUCE 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.