

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: **BLUE CROSS & BLUE SHIELD OF RHODE ISLAND**

Mailing Address: **500 EXCHANGE ST**

City, State Zip Country: **PROVIDENCE, RI 02903 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-0-101323131-70344455

COLLATERAL

ONE - NEW XEROX C8145 287686, ONE - NEW XEROX C8145 287687, ONE - NEW XEROX C8145 287688, ONE - NEW XEROX C8145 287689, ONE - NEW XEROX C8155 287690, ONE - NEW XEROX C8155 287691, ONE - NEW XEROX B8155 287695, ONE - NEW XEROX C410 287696, ONE - NEW XEROX C8155 287698, ONE - NEW XEROX C8135 287710, ONE - NEW XEROX B8170 287711, ONE - NEW XEROX C8145 287724, ONE - NEW XEROX C8135 287725, ONE - NEW XEROX C8155 287726 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.