

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: CARE NEW ENGLAND HEALTH SYSTEM

Mailing Address: 455 TOLL GATE RD

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: FLEX FINANCIAL, A DIVISION OF STRYKER SALES, LLC

Mailing Address: 1111 OLD EAGLE SCHOOL RD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3009 58927

COLLATERAL

ALL EQUIPMENT OF ANY MAKE OR MANUFACTURE, TOGETHER WITH ALL ACCESSORIES AND ATTACHMENTS FINANCED BY OR LEASED TO DEBTOR BY SECURED PARTY UNDER SCHEDULE No. 005 TO MASTER AGREEMENT No. 0110006681 AND ALL PROCEEDS THEREOF.