

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

DEBTOR INFORMATION

Org. Name: **KEY CORPORATION**

Mailing Address: **170 FIORE INDUSTRIAL DR.**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **ZAXIS FINANCIAL SERVICES AMERICAS, LLC**

Mailing Address: **11675 RAINWATER DRIVE SUITE 225**

City, State Zip Country: **ALPHARETTA, GA 30009 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103864544-71541412

COLLATERAL

EQUIPMENT: ALL EQUIPMENT DESCRIBED BELOW TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS, AND REPLACEMENTS AND ANY AND ALL PROCEEDS THEREOF, INCLUDING WITHOUT LIMITATION, INSURANCE PROCEEDS.
2025 HITACHI ZX135US-7H B EXCAVATOR S/N HCMDHE60H00000298 TO INCLUDE PG COUPLER S/N J000181753-1; HYDRAULIC KIT; PG HYDRAULIC 4 TINE THUMB S/N J000181332-1; 36 BUCKET PIN GRABBER S/N J000181242-1