UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33621

	20 Si	0030605000350260 Pg 1/1 .00 nelby Cnty Judge of Probate 6/05/2003 13:10:00 FILED/CE	, AL RTIFIED
UCC FINANCING STATEMENT AMENDMENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Fox Alarm Co., wonc.			
126 Brooklane Dr.			
L Nueytown, Al. 35023			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	
1a. INITIAL FINANCING STATEMENT FILE # 20020802000363100 00.	W 28.90	to be filed [for record] (or records REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the		
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ent is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it		<u>ne</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7 item 7c; also complete items 7e-7g	b, and also (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6 ORGANIZATION'S NAME		······································	
OR HOX Marm Co., Inc.	I FUDOT NIA NAC	TAIDDLE NIANCE	Telleriy
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR I	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>		INONE
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateralassigned.		
		~ 0	
Shelly Co.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME ORGANIZATION'S NAME ORGANIZATION'S NAME	2 ADDALIAND	Him An M	< < < < < < < < < < < < < < < < < < <
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10,OPTIONAL FILER REFERENCE DATA			
IV. OF THE PIECE THE LINE DOTA			

(763) 421-1713