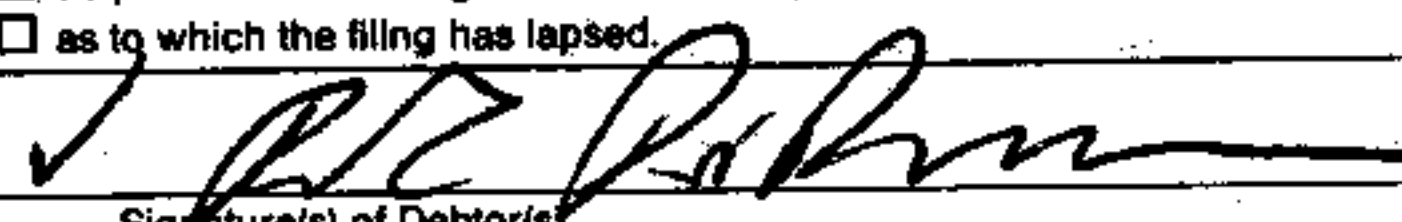
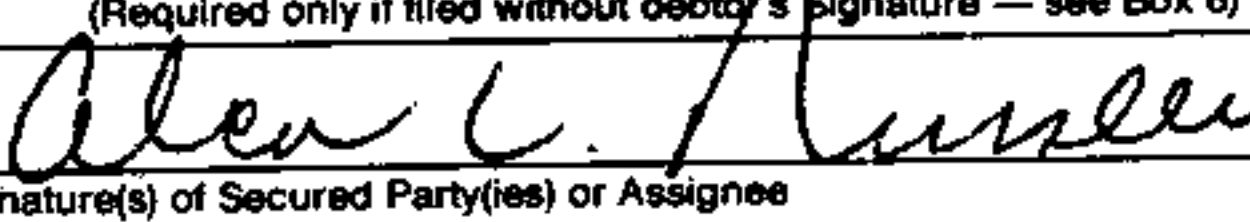


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

**Important: Read Instructions on Back Before Filling out Form.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | No. of Additional Sheets Presented: _____ |  | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.                                                                                                                                                                                                                                                                                                                  |  |
| 1. Return copy or recorded original to:<br><br>APCO EMPLOYEES C.U.<br>1608 7th Ave North<br>Bham, AL 35203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="transform: rotate(-90deg); transform-origin: center;">                         Inst # 1995-23457<br/>                         08/25/1995-23457<br/>                         09:07 AM CERTIFIED<br/>                         SHELBY COUNTY JUDGE OF PROBATE<br/>                         001 MCO 16.00                     </div> |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Demirtas R T<br>606 Inverness Ln.<br>Bham, AL 35242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                           |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                            |  |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>APCO EMPLOYEES CREDIT UNION<br>1608 7th Ave North<br>Bham, AL 35203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           |  | Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |  | 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>One (1) 1984 Hunter sailboat, ser# HUN22745M84D                                                                                                                                                                                                                                                                                           |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |  | 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>600                                                                                                                                                                                                                                                                                                                          |  |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |  |                                           |  | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <u>4016.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>tax exempt C.U.</u>                                                                                                                                                                                              |  |
| Signature(s) of Debtor(s)<br><br>R T Demirtas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |  | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br>APCO EMPLOYEES C.U.                                                                                                                                                                                                          |  |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |  | Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                            |  |