

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKE, MN. 55303
(612) 421-1713

☐ 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 CAMP & COMPANY ATTN: CHARLOTTE H. FOX P. O. BOX 530667 BIRMINGHAM, AL 35253--0667 Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) MARRAY-CONCOURSE 100, INC. P. O. BOX 1297 BIRMINGHAM, AL 35201 Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ ☐ Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43216 Social Security/Tax ID # _____ ☐ Additional secured parties on attached UCC-E		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office Inst # 1996-05289 02/19/1996-05289 01:17 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 15.00 FILED WITH: 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. ☒ This statement refers to original Financing Statement bearing File No. 027664 Filed with SHELBY COUNTY JUDGE OF PROBATE Date Filed MARCH 8 , 19 91 6. ☒ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. ☐ Partial or Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. ☐ Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. 11.		

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

NATIONWIDE LIFE INSURANCE COMPANY

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)
BY: Camp & Company, Authorized Agent

Signature of Secured Party(ies)

Charlotte N
Type Name of Individual or Business

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama