

1. Return copy or recorded original to

INC.

FKA: CITICORP ACCEPTANCE COMPANY, INC.

15851 CLAYTON ROAD

ST. LOUIS, MO 63011

Pre-paid Acct. # _____

THIS SPACE FOR USE OF FILING OFFICER

Date, Time, Number & Filing Office

FILED WITH:

01/08/1998 10:05 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE

001 MCH 15.00

1998-00520

2. Name and Address of Debtor (Last Name First if a Person)

MAGEE, CAROL ANNE

ROUTE 2 BOX 312, LOT Q21

PELHAM, AL 35124

Social Security/Tax ID # _____

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

N/A

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

CITICORP NATIONAL SERVICES, INC., formerly known as:

CITICORP ACCEPTANCE COMPANY, INC.

15851 CLAYTON ROAD

ST. LOUIS, MO 63011

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. 93-02048

Filed with SHELBY COUNTY Date Filed JANUARY 21, 1993

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 Full 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. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

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

008-586511

6 0 0 6 0 2

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

Signature(s) of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business