

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(a).

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

CITICORP NATIONAL SERVICES, INC.
FKA: CITICORP ACCEPTANCE COMPANY, INC.
P. O. BOX 790142
ST. LOUIS, MO 63179

Pre-paid Acct. # _____

2. Name and Address of Debtor

(Last Name First if a Person)

CARTER, LARRY T.
21 HOUSTON DR.
ALABASTER, AL 35007

Social Security/Tax ID # _____

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

CARTER, DIANE L.
SAME

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.
FKA: CITICORP ACCEPTANCE COMPANY, INC.
P. O. BOX 790142
ST. LOUIS, MO 63179

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File
No. 05975

Filed with SHELBY COUNTY

FILED WITH:

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

Date Filed FEB 23, 19 94

6. ☒ Continuation

7. ☐ Termination

8. ☐ Partial or
☐ Full Assignment

9. ☐ Amendment

10. ☐ Partial Release

The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

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.

Financing statement bearing file number shown above is amended as set forth in item 11.

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

11.

008-508960

Check X if covered:

☐

Products of Collateral are also covered.

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

<u>6</u>	<u>0</u>	<u>0</u>	<u>6</u>	<u>0</u>	<u>2</u>
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

Signature(s) of Debtor(s)

Signature(s) of Secured Party(ies)

Shelby County

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

Signature of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FIF COPY - SECURED PARTY

(5) FIF COPY (BUTTER)

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UC
Approved by The Secretary of State of Alabama