

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE  
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

|  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <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><b>BYARS AND COMPANY, INC.</b><br><b>P. O. BOX 530310</b><br><b>BIRMINGHAM, ALABAMA 35253</b>  |   | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pre-paid Acct. # _____   |   | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst. # 2000-14846<br/>05/05/2000-14846<br/>10:53 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>DOJ MNS .00</div> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><b>MARK-POINT PROPERTIES, INC.</b><br><b>AN ALABAMA CORPORATION</b><br><b>1722 - 2ND AVENUE NORTH</b><br><b>BESSEMER, AL 35020</b><br><b>ATTN: ROBERT E. PADEN</b>  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Social Security/Tax ID # _____   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Social Security/Tax ID # _____   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> Additional debtors on attached UCC-E  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. SECURED PARTY (Last Name First if a Person)<br><b>THE OHIO NATIONAL LIFE INSURANCE CO.</b><br><b>237 WILLIAM TAFT ROAD</b><br><b>CINCINNATI, OHIO 45219</b>   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Social Security/Tax ID # _____   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> Additional secured parties on attached UCC-E  |   | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>024870</b><br>Filed with <b>SHELBY COUNTY JUDGE OF PROBATE</b> Date Filed <b>MARCH 5,</b> 19 <b>90</b>   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11.  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;">3</td><td style="width: 10%; text-align: center;">0</td><td style="width: 10%; text-align: center;">0</td><td style="width: 10%; text-align: center;">—</td><td style="width: 10%; text-align: center;">—</td><td style="width: 10%; text-align: center;">—</td></tr><tr><td style="text-align: center;">5</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr></table> |   |  |   | 3 | 0 | 0 | — | — | — | 5 | 0 | 0 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
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| 5  | 0 | 0  | —   | — | — |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Check X if covered: <input type="checkbox"/> Products of collateral are also covered.  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Signature(s) of Debtor(s)<br><br><b>Robert E. Padon</b>  |   | Signature(s) of Secured Party(ies)<br><br><b>WILLIAM E. BYARS - PRESIDENT</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable)<br><b>MARK-POINT PROPERTIES, INC.</b>   |   | Type Name of Individual or Business<br><b>WILLIAM E. BYARS - PRESIDENT</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Type Name of Individual or Business  |   | Type Name of Individual or Business  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |