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.

REORDER FROM

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

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3

☐ 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 pursuant to the Uniform Commercial Code	Filing Officer	for	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	•	·	
Harbert Management Corp One Riverchase Parkway Birmingham, AL 35244 Attention: S. Perry G	South	Date, Time, Number & Filing Office			
			m m	_ 8	e a d
Pre-paid Acct. #	(Last Name First if a Person)	<u> </u>	cu cg	Sign H	PROBATE .00
Harbert Properties Cor	noration		រូវ ល		
1901 Sixth Avenue North	•		-0	년 대 (국	병
Suite 2520			00	20 2	JUNCE
Birmingham, AL 35203			ณ #	/20 AM	COUNTY O1 MMS
Social Security/Tax (D #	· · · · · · · · · · · · · · · · · · ·		TT	<i>Ω</i> 4.	25 Z
2A. Name and Address of Debtor (IF ANY	•		ý,	33	SHELLEY
MarRay-Concourse 800, 1 P.O. Box 1297	inc.		}	o o	0,
Birmingham, AL 35201					
Social Security/Tax ID #		FILED WITH:			·
Additional debtors on attached UCC-E					
3. NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(La	st Name First if a	Person)
United of Omaha Life In	nsurance Company				
c/o Camp & Company	200				
3300 Cahaba Road, Suite Birmingham, AL 35223	300				
Social Security/Tax ID #					
☐ Additional secured parties on attached UCC-E	· ·				
5. This statement refers to original Financing Stat		0.701		_	
Filed with Shelby County C		Date Filed 3/21	_ 19 91	<u> </u>	
7. Partial or The Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appearance of Partial Secured Party releases the collar number shown above.	a security interest under the financing stateme the financing statement bearing file number si to all of the property listed on this file, is assig	hown above to the med to the assignee in item 11.			
11.			B B C	nter Code(s) From ack of Form That est Describes Th collateral Covered y This Filing:	e e
			_	_	
			_		
			_	_	
			_		
<u> </u>	D	Crystal M. Day, Vice n behalf of United of	- - : -	·	
Check X if covered: Products of Collateral are a	Insurance C		Jmaha	ንLife ም	
Cinamo contat of Deba - sex	THEAT GILCE C	- White	1. J U	ley	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		<i>U</i>	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies) Crystal M. Day			· · · · · ·
Type Name of Individual or Business		Type Name of Individual or Business			·

(1) FILING OFFICER COPY - ALPHABETICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT