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

45769

(1) FILING OFFICER COPY - ALPHABETICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT

## Important: Read Instructions on Back Before Filling out Form

Registre, Inc.

☐ 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 filling pursuant to the Uniform Commercial Co	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
REGIONS BANK LOAN OPERATIONS/COI P.O. BOX 10247 BIRMINGHAM, ALABAMA			
			<b></b>
Pre-paid Acct. #	(Last Name First if a Person)		CERTIFIED SUDE OF PROBATE 27.00
Social Security/Tax ID #	(IF ANY) (Last Name First if a Person)		13/23/20 1=14 AT SELEY COUNTY
P.O. BOX 1673 ALABASTER, ALABAMA	35007		H 00
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E	· <del></del>		
REGIONS BANK FKA FI P.O. BOX 216 PELHAM, ALABAMA 35 Social Security/Tax ID #	124		
Additional secured parties on attached UC	C-E		
5. A This statement refers to original Financing Statement bearing File No.  Filed with SHELBY COUNTY JUDGE OF PROBATE		1996-23216  Data Filed JULY 18, 199	96-23216
6. Continuation. The original financing s 7 Termination. Secured Party no longe 8. Partial or The Secured Party's rig Property described in its Assignment. Whose name and addres 9. Amendment Financing statement be	r claims a security interest under the financing states In under the financing statement bearing file number In 11 or to all of the property listed on this file, is ass	Party, bearing file number shown above, is still effective, ment bearing the file number shown above, is still effective, rishown above to the signed to the assignee	
	SCURED PARTY TO REGIONS	BANK	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			——————————————————————————————————————
			——————————————————————————————————————
Check X if covered: Products of Collate	ral are also covered.		——————————————————————————————————————
AMEND WITHOUT DEP Signature(s) of Debtor(s)	TOR SIGNATURE	Signature(s) of Secured Party(ies)	- Cormul
Signature(s) of Debtor(s) (necessary only	y if item 9 is applicable)	Signature(s) of Secured Party(i+)s)  DRCTONG RANG FOA DIDCT	AT ABAMA BANK
Type Name of Individual or Business	<del></del>	REGIONS BANK FRA FIRST	ALABAMA BANK

Type Name of Individual or Business