A NAME & PHONE OF CONTACT AT FILER (pipional] JENNIFER SCARBROUGH 205-939-4249 B. SEND ACKNOWLEDGMENT TO: (Name and Address) D9/17/2001— IBANCORPSOUTH BANK 2211 HIGHLAND AVE S BOX 55338 BIRMINGHAM AL 35205 THE ABOVE SPACE IS FOR FILING OFFICE 18. INITIAL FINANCING STATEMENT FILE # 029649: 10/17/91 THE ABOVE SPACE IS FOR FILING OFFICE 19. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuat continued for the additional period provided by applicable law. A. SASIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assigner in item 9. ALSO CHART (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only pag of these two boxes. Also check ogs of the following three boxes and provide appropriate Information in liems 8 and/or 7. CHANGE (name acroic across continued continued continued continued to the address of the continued continued in the manual partial particles of the secured Party of record. Check only pag of these two boxes. Also check ogs of the following three boxes and provide appropriate Information in liems 8 and/or 7. CHANGE (name acroic across continued to the address change) in item 7c, also comolete. Ge. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	F PROBATE OF PROBATE OF PROBATE OF PROBATE OF PROBATE OF PROBATE AMENDMENT is precorded) in the DS. Ammination Statement.	AM CERT COUNTY JUDGE OF COUNTY JUDGE OF CHAPTER STATEMENT OF FILING OFFICE UP S FINANCING STATEMENT OF FILE OF THE CORDS AL ESTATE RECORDS ONLY AUTHORIZING this Terminal County authorized this Terminal County authorized this Terminal County authorized this Termina	11:31 SHELBY OC: THE ABOVE SPACE IS FOR to 1 to 1 RE		NT TO: (Name and Address) TH BANK ND AVE S	ACKNOWLEDGA BANCORPSO 2211 HIGHLA BOX 55338	SEND
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