| UCC FINANCING STATEMENT AMENDI  | VENT  |                                  |                                  |                                  |                                 | 6000209400 Pg 1/1 .0<br>Cnty Judge of Probat<br>2002 12:20:00 FILED/C | e, AL                 | LED        |  |
|---|---|----------------------------------|----------------------------------|----------------------------------|---------------------------------|---|-----------------------|------------|--|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  First Commercial Bank P 0 Box 11746 Birmingham, Alabama 352  |   |                                  |                                  |                                  |                                 |   |                       |            |  |
|   |   |                                  | TH                               | E ABOVE SPA                      | CE IS                           | FOR FILING OFFICE USE   | ONLY                  |            |  |
| 1a. INITIAL FINANCING STATEMENT FILE #  | 0 7 0 6                                     |                                  |                                  |                                  |                                 | This FINANCING STATEMENT to be filed [for record] (or record          |                       |            |  |
| Judge of Probate 2001 1   | النصواكات برواسي والمرازي والمرازي والمرازي | ر خفش در فی                      |                                  | ntonoction of the                |                                 | REAL ESTATE RECORDS.  |                       |            |  |
| 2. XX TERMINATION: Effectiveness of the Financing Statement identified  3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.                                      | نسوان بسوان المسار الأنسير أسور             |                                  |                                  |                                  |                                 |   |                       |            |  |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or  | 7b and address of                           | assigno                          | e in item 7c; and a              | so give name of                  | assigno                         | r in item 9.  |                       |            |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects  |   |                                  |                                  | والتعاري التقاري التعاري التعاري |                                 |   |                       |            |  |
| CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address 6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  Sterling Companies LLC  6b. INDIVIDUAL'S LAST NAME | s change) in item 70                        | C                                | DELETE name: to be deleted in it |                                  |                                 | ADD name: Complete item 7a item 7c; also complete items 7             | or 7b, and d-7g (if a | pplicable) |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  |   |                                  |                                  |                                  |                                 |   |                       |            |  |
| 7a. ORGANIZATION'S NAME   |   |                                  |                                  |                                  | <u> </u>                        |   |                       |            |  |
| OR 75. INDIVIDUAL'S LAST NAME   | FIRST                                       | FIRST NAME                       |                                  |                                  |                                 | MIDDLE NAME SUFFIX  |                       |            |  |
|   |   |                                  |                                  |                                  |                                 |   |                       | •          |  |
| 7c. MAILING ADDRESS   | CITY  | CITY                             |                                  |                                  | STAT                            | POSTAL CODE   | COU                   | JNTRY      |  |
| 7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR  | TION 7f. JUR                                | 7f. JURISDICTION OF ORGANIZATION |                                  |                                  | 7g. ORGANIZATIONAL ID #, if any |   |                       |            |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated  restated  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE  |   |                                  |                                  |                                  | nt)_ if the                     | s is an Amendment authorized i  | y a Dehi              | or which   |  |
| adds collateral or adds the authorizing Debtor, or if this is a Termination at 9a. ORGANIZATION'S NAME  |   | •                                | <del>_</del>                     | _                                | •                               |   |                       |            |  |

SUFFIX

MIDDLE NAME

96. INDIVIDUAL'S LAST NAME

10.OPTIONAL FILER REFERENCE DATA

FIRST NAME