



LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
NAME & FRONE OF CONTACT AT LIEER [Optional]				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
AMSOUTH BANK				
P O BOX 1984				
BIRMINGHAM, AL 35201				
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INITIAL FINANCING STATEMENT FILE #	THE AL	والمتناوات والمتناف	1b. This FINANCING STATEMENT AMENDMENT	
IST # 2001-13393, 4/09/01, SHELBY (CO AL	to be filed [for recor	d) (or recorded) in the CORDS.	
X TERMINATION: Effectiveness of the Financing Statement	t identified above is terminated with respect to security interes	st(s) of the Secured Party authorizing thi	is Termination Statement.	
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la		he Secured Party authorizing this Cont	inuation Statement is	
ASSIGNMENT (full or partial): Give name of assignee in i		ive name of assignor in item 9		
AMENDMENT (PARTY INFORMATION): This Amendme				
Also check one of the following three boxes and provide appropri				
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (n item 6a or 6b; also give new (if address change) in item 7c. DELETE name: Give	record name ADD name: Comp sa or 6b. item 7c; also comp	lete item 7a or 7b, and als lete items 7d-7g (if applica	
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
CE INCOLUNI COL A CITALA ME	FIRST NAME	MIDDLE NAME	SUFFIX	
66. INDIVIDUAL'S LAST NAME	1 · · · · · · · · · · · · · · · · · · ·			
BURKE CHANGED (NEW) OR ADDED INFORMATION:	CECIL	Α	JR	
BURKE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		MIDDLE NAME	JR	
BURKE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	CECIL		SUFFIX	
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

JCC FINANCING STATE OLLOW INSTRUCTIONS (front and ba		ENT ADDENDUM
11. INITIAL FINANCING STATEMENT I INST # 2001-133393	FILE # (same as item 1a on Amen	dment form)
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME AMSOUTH BANK	THIS AMENDMENT (same as it	em 9 on Amendment form)
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional inform		LOWING NAMES

CECIL A BURKE JR VIRGINIA BURKE

ON THE ABOVE REFERENCED UCC NUMBER: