## NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 083793

		2002052800024890 Shelby Cnty Judg	0 Pg 1/1 .00 e of Probate,AL :00 FILED/CERTIFIE
CC FINANCING STATEMENT AMEND	MENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
. NAME & PHONE OF CONTACT AT FILER [optional]			
LEANN COX			
. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FIRST COMMERCIAL BANK			
P O BOX 11746			
BIRMINGHAM, AL 35202			
	THE	ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
1996-09064 JOP SHELBY		to be filed [for record] (or re REAL ESTATE RECORDS	corded) in the
TERMINATION: Effectiveness of the Financing Statement identifie	d above is terminated with respect to security int		
CONTINUATION: Effectiveness of the Financing Statement identional continued for the additional period provided by applicable law.	tified above with respect to security interest(s)	of the Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	r 7b and address of assignee in item 7c; and also	o give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect			
Also check one of the following three boxes and provide appropriate inform		Oncok only <u>one</u> or these the souss.	
CHANGE name and/or address: Give current record name in item 6a	or 6b; also give new DELETE name: Gi		n 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION:	s change) in item 7c to be deleted in item	m 6a or 6b item 7c: also complete item	ns 7d-7g (if applicable).
6a. ORGANIZATION'S NAME	<del></del>	······································	· · · · · · · · · · · · · · · · · · ·
BWA DEVELOPMENT CORPORATION	N C/O HUNTER WILLIAMS		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANCED (MENA) OR ADDED INCODMATION.	· · · · · · · · · · · · · · · · · · ·		<del></del>
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		MINDULE INAME	SUFFIX
MAILING ADDRESS			
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION	TION 7f. JURISDICTION OF ORGANIZAT	7g. ORGANIZATIONAL ID #, if at	ıy
DEBTOR			<b></b>
		<u></u>	I INONE
			NONE
	d collateral description, or describe collateral	assigned.	NONE
	d collateral description, or describe collateral	assigned.	NONE
	d collateral description, or describe collateral	assigned.	NONE
	d collateral description, or describe collateral	assigned,	NONE
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	INONE
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	NONE
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	NONE
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	NONE
Describe collateral deleted or added, or give entire restated	d collateral description, or describe collateral	assigned.	NONE
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated.  TERMINATE FILE # 1996-09064	d collateral description, or describe collateral	assigned.	I NONE

<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZ adds collateral or adds the authorizing Debtor, or if this is a Termin</li> </ol>	nation authorized by a Debtor, check here and ente	s an Assignment). If this is an Amendment au r name of DEBTOR authorizing this Amendm	thorized by a Debtor which ent.
9a. ORGANIZATION'S NAME	<u></u>		
FIRST COMMERCIAL BANK			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA			SOF