



20020529000253360 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
05/29/2002 15:05:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                |
|------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                          |
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| 1a. INITIAL FINANCING STATEMENT FILE #<br><b>INST #1999-36423</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |
| 3. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                          |
| 4. <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |
| 5. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> <b>CHANGE</b> name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.<br><input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b.<br><input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |                                                                                                                                          |
| 6. <b>CURRENT RECORD INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6b. INDIVIDUAL'S LAST NAME<br><b>SMITH</b>                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST NAME<br><b>KENNETH</b>                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MIDDLE NAME<br><b>D</b>                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX                                                                                                                                   |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7b. INDIVIDUAL'S LAST NAME                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST NAME                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MIDDLE NAME                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX                                                                                                                                   |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |
| POSTAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |
| 7d. TAX ID #: SSN OR EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADD'L INFO RE ORGANIZATION DEBTOR                                                                                                        |
| 7e. TYPE OF ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7f. JURISDICTION OF ORGANIZATION                                                                                                         |
| 7g. ORGANIZATIONAL ID #, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                          |
| <input type="checkbox"/> NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|-------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |             |
| 9a. ORGANIZATION'S NAME<br><b>FIRST MERIT BANK, N.A.</b>                                                                                                                                                                                                                                                                                                      |                            |            |             |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
|                                                                                                                                                                                                                                                                                                                                                               |                            |            | SUFFIX      |
| 10. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                             |                            |            |             |