



| OLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  |  |   |                                       |
|---|--|---|---------------------------------------|
| Cindy Horton (512) 495-6052   |  |   |                                       |
| . SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |                                       |
| STATE BANK<br>202 WEST COLORADO   |  |   |                                       |
| LA GRANGE, TEXAS 78945  |  |   |                                       |
|   |  |   |                                       |
|   | THE ABOVE  | SPACE IS FOR FILING OFFICE U                                    | SE ONLY                               |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name  | e (1a or 1b) - do not abbreviate or combine names  |   |                                       |
| 12. ORGANIZATION'S NAME   |  |   |                                       |
| SCHLOTZSKY'S RESTAURANT, INC.  1b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME   | SUFFIX                                |
|   |  |   | SULLIX                                |
| : MAILING ADDRESS   | CITY   | STATE POSTAL CODE   | COUNTRY                               |
| 03 COLORADO STREET  | AUSTIN   | TX 78701  | USA                                   |
| . TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION   | N 1f. JURISDICTION OF ORGANIZATION   | 1g. ORGANIZATIONAL ID #, if any                                 | /                                     |
| ORGANIZATION For Profit Corporation   | n jTX  | TX 01255050000  | X NO                                  |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only   | one debtor name (2a or 2b) - do not abbreviate or com  | bine names  |                                       |
| <u>-</u>  | ONIE GEDIO HELLE (SE OL SD) - GO HOL SOOLEMBIS OL COLLE                                      |   |                                       |
| 2a. ORGANIZATION'S NAME   | ONIE GEDICA FIGURE (28 CA 20) - GO FIOL SOCIETIALE OF COME                                   |   | · · · · · · · · · · · · · · · · · · · |
| 2a. ORGANIZATION'S NAME   |  |   |                                       |
| 2a. ORGANIZATION'S NAME   | FIRST NAME   | MIDDLE NAME   | SUFFIX                                |
| 2a. ORGANIZATION'S NAME  R 2b. INDIVIDUAL'S LAST NAME   |  |   | SUFFIX                                |
| 2a. ORGANIZATION'S NAME   | FIRST NAME   | MIDDLE NAME   |                                       |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   | FIRST NAME   | MIDDLE NAME   | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  3. MAILING ADDRESS   | FIRST NAME   | MIDDLE NAME  STATE POSTAL CODE                                  | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  3. MAILING ADDRESS  4. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION  | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION   | MIDDLE NAME  STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  E. MAILING ADDRESS  I. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION ORGANIZATION'S NAME)                      | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION   | MIDDLE NAME  STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  E. MAILING ADDRESS  I. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATE STATE BANK                                  | CITY  2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only one secured party name (3a or | STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any  3b)         | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS  . TAX ID #: SSN OR EIN   ADD'L INFO RE   2a. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION ORGANIZATION'S NAME   STATE BANK            | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION   | MIDDLE NAME  STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS  . TAX ID #: SSN OR EIN   ADD'L INFO RE   2a. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNAME STATE BANK                                    | CITY  2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only one secured party name (3a or | STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any  MIDDLE NAME | COUNTRY                               |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION ORGANIZATION'S NAME    STATE BANK  R  3b. INDIVIDUAL'S LAST NAME | CITY  2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only one secured party name (3a or | STATE POSTAL CODE  2g. ORGANIZATIONAL ID #, if any  MIDDLE NAME | COUNTRY                               |

AT ONE OR MOKE OF THE "RESTAURANTS" AND ALL PROCEEDS THEREFROM.

THE "RESTAURANTS" ARE THOSE RESTAURANTS OPERATED UNDER THE NAME SCHLOTZSKY'S LOCATED AT THE FOLLOWING ADDRESSES:

SCHLOTZSKY'S RESTAURANT, 12485 WESTHIEMER ROAD, HOUSTON, HARRIS COUNTY, TEXAS 77077

SCHLOTZSKY'S RESTAURANT, 103 INVERNESS CORNERS, HOOVER, SHELBY COUNTY, ALABAMA

SCHLOTZSKY'S RESTAURANT, 1701 RIO RANCHO DRIVE, RIO RANCHO, SANDOVAL COUNTY, NEW MEXICO

|   | والمراجع المراجع المرا |                                 |                               |
|---|--|---------------------------------|-------------------------------|
| 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE  | E/LESSOR CONSIGNEE/CONSIGNOR   | BAILEE/BAILOR SELLER/E          | UYER AG. LIEN NON-UCC FILING  |
| 6. X This FINANCING STATEMENT is to be filed [for record] ESTATE RECORDS. Attach Addendum | (or recorded) in the REAL 7. Check to RE   | QUEST SEARCH REPORT(S) on Debto | All Debtors Debtor 1 Debtor 2 |
| 8 OPTIONAL FILER REFERENCE DATA   | · · · · · · · · · · · · · · · · · · ·  |                                 |                               |

| . NAME OF FIRST DEBTOR                        | (1a or 1b) Ol | N RELATED FINANCING STA       | ATEME   | NT                             |                    |        |                               |                         |                            |   |              |
|---|---------------|-------------------------------|---------|--------------------------------|--------------------|--------|-------------------------------|-------------------------|----------------------------|---|--------------|
| 9a. ORGANIZATION'S NAME                       |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| SCHLOTZSKY'S RES                              | TAURAN        | ΓS, INC.                      |         |                                |                    | ···    |                               |                         |                            |   |              |
| 9b. INDIVIDUAL'S LAST NAME                    |               | FIRST NAME                    |         | MIDDLE                         | NAME,SU            | FFIX   |                               |                         |                            |   |              |
| ). MISCELLANEOUS:                             | •             |                               | · . · . | <u></u>                        | •                  |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        | THE ABO                       | VE SPACE                | IS FOR FILING OFFIC        | E USE O                                 | NLY          |
| 1. ADDITIONAL DEBTOR'S                        | EXACT FULL    | LEGAL NAME - insert only one  | name (1 | 1a or 11t                      | o) - do not :      | abbrev | riate or combine na           | mes                     |                            |   |              |
| 11a. ORGANIZATION'S NAME                      |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| 11b. INDIVIDUAL'S LAST NAME                   | <del>-</del>  |                               | FIRS    | TNAME                          |                    |        |                               | MIDDLE NAME             |                            | SUFFIX                                  |              |
|   |               | <u> </u>                      |         |                                |                    |        |                               |                         |                            |   |              |
| 1c. MAILING ADDRESS                           |               |                               | CITY    | •                              |                    |        |                               | STATE                   | POSTAL CODE                | COU                                     | INTRY        |
|   |               | 44. TYPE OF OPCANIZATION      | 445     | UDICOIC                        | TIONOE             | NOC 41 | WZATIONI                      | 110 08                  | GANIZATIONAL ID #, if an   |   | <del> </del> |
| OR  | GANIZATION    | 11e. TYPE OF ORGANIZATION     |         | IUKISDIC                       | THONOF             | JKGAI  | NIZATION                      | ji ig. Oki              | У                          |   |              |
|   | BTOR          | 2 400101101                   |         |                                | <u> </u>           |        |                               | 1                       |                            | · • • • • • • • • • • • • • • • • • • • | NONE         |
| 2. ADDITIONAL SECURE 12a. ORGANIZATION'S NAME | DPARIY        | S or ASSIGNOR S/P'S           | 5 NAI   | ΛE - inse                      | rt only <u>one</u> | name   | (12a or 12b)                  |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| 12b. INDIVIDUAL'S LAST NAME                   | <u></u>       | ····                          | FIRS    | TNAME                          |                    |        |                               | MIDDLE NAME             |                            | SUFFIX                                  |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| 2c. MAILING ADDRESS                           |               | · · · ·                       | ату     | •                              |                    |        |                               | STATE                   | POSTAL CODE                | cou                                     | INTRY        |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| 3. This FINANCING STATEMENT                   |               | ber to be cut or as-extracted | 16.     | Additional                     | collateral         | descri | ption:                        |                         |                            |   |              |
| collateral, or is filed as a                  | xture filing. |                               |         |                                |                    |        |                               |                         |                            |   |              |
| SEE PROPERTY DESCR                            |               | ATTACHED HERETO               |         |                                |                    |        |                               |                         |                            |   |              |
| AS EXHIBIT A                                  |               |                               | İ       |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
| 5. Name and address of a RECOR                | OWNER of a    | shove-described real estate   |         |                                |                    |        |                               |                         |                            |   |              |
| (if Debtor does not have a record             |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               |         |                                |                    |        |                               |                         |                            |   |              |
|   |               |                               | 17.     | Check on                       | y if applica       | ble an | d check only one              | box.                    |                            |   | <u> </u>     |
|   |               |                               |         |                                |                    |        | <del>-</del>                  |                         | roperty held in trust or   | 700000                                  | nt'a Estata  |
|   |               |                               | Debt    | or is a l                      | I Trust o          |        | INCIDE DESCRIPTION ASSESSMENT | i 1 <b>6209</b> cz 10 u | LÓ DELLA DERGIU FLUST CALI | Leceum                                  | If 2 Carara  |
|   |               |                               |         |                                |                    |        | d check <u>only</u> one       |                         | roperty neid in trust or   | Decader                                 | 11.3 ESIZIO  |
|   |               |                               | 18.     | Check on                       |                    | ble an | d check <u>only</u> one       |                         | roperty neid in trust or   | Decader                                 | ILS ESIZIO   |
|   |               |                               | 18.     | Check <u>on</u><br>Debtor is a | y if applica       | ble an | d check <u>only</u> one i     | box.                    | — effective 30 years       | Decader                                 | ILS ESIZIO   |

### Exhibit A

### 1. HOUSTON, TEXAS - DAIRY-ASHFORD

#### TRACT I:

Description of a 0.7174 acre (31,250 square feet) tract of land being all of Schlotzsky's at Shadowlake as Recorded in Film Code No. 375032, Harris County Map Records, in the William Hardin Survey, Abstract No. 24, in Harris County, Texas, said 0.7174 acre tract being more particularly described in Exhibit "A", attached hereto and made a part hereof.

### **EXHIBIT A**

Description of a 0.7174 acre tract of land (31,250 square feet) being part of that certain called 457.8748 acre tract as recorded under Harris County Clerk file Number N297727, situated in the William Hardin Survey Abstract Number 24, in Harris County, Texas, said 0.7174 acre tract of land being more particularly described by metes and bounds as follows with bearings being referenced to the north right-of-way line of Richmond Avenue (100 feet wide) as recorded under Harris County Clerk's File Number K034871:

COMMENCING at a 5/8 inch capped iron rod found for the northwest corner of said 458.8748 acre tract and the northeast corner of Restricted Reserve "A" Dairy Ashford Acres, Section One, as recorded under Film Code No. 356007 of the Harris County Map Records, said point being in the south right-of-way line of Westheimer Road (120 feet wide);

THENCE N 87°23' 44" E, along the south right-of-way lines of said Westheimer Road, a distance of 150.00 Feet to a 5/8-inch capped iron rod set for the POINT Of BEGINNING and the northwest corner of the herein described tract;

THENCE 87°23' 44" E, continuing along said south right-of-said line of Westheimer Road, a distance of 125.00 feet to a 5/8-Inch capped iron rod set for the northeast corner of the herein described tract;

THENCE, S 02° 25' 40" 1:, departing said south right-of-way line, a distance of 250.00 feet to a 5/8 inch capped iron rod set for the southeast corner of the herein described tract;

THENCE, S 87° 23' 44" W, a distance of 125.00 feet to a 5/8-inch capped iron rod set for the southwest corner of the herein described -tract;

THENCE, N 02° 26'40W, a distance of 250.00 feet to the POINT OF BEGINNING and containing 0.7174 acres of land.

#### TRACT II:

Non-exclusive access easement of ingress and egress over and upon that certain 6.17 acre tract as fully described in that certain Reciprocal Access Agreement Easements and Covenant dated February 20, 1995, recorded under Harris County Clerk's File No. R301644 and Supplemental under S110249.

## 2. RIO RANCHO, NEW MEXICO

Tract lettered "C-6A" of GATEWAY NORTH, as the same is shown and designated on the plat entitled "Summary Plat of Gateway North, Tracts C-2A through C-10A and C-12A through C.-15A, Unit 16, Rio Rancho Estates...", filed in the Office of the County Clerk of Sandoval County, New Mexico, on February 15, 1995, In Volume 3, Page 1216B.

# 3. HOOVER, ALABAMA

Out Parcel "B", according to the Final Plat of Inverness Corners as recorded in Map Book 21, Page 30 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Together with a nonexclusive right to use private access road as set out in Map Book 21, Page 30 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.