



20021015000502860 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 10/15/2002 14:19:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDI	VENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
PATRICIA HUNTLEY/205-226-1925			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35209			
			>= 1105 OM V
	THE AB	OVE SPACE IS FOR FILING OFFICE This FINANCING STATE	
1a. INITIAL FINANCING STATEMENT FILE #		to be filed [for record]	(or recorded) in the
2000/45300-SHELBY		REAL ESTATE RECO	
2. TERMINATION: Effectiveness of the Financing Statement identifie			
3. CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law.	tified above with respect to security interest(s) of the	e Secured Party authorizing this Continu	lation Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a o	or 7b and address of assignee in item 7c; and also give	e name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect			
Also check one of the following three boxes and provide appropriate inform	nation in items 6 and/or 7.		
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	or 6b; also give new DELETE name: Give n		e item 7a or 7b, and also e items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:	35 Criango, in italia i con a		
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ROBINSON	DOROTHY	L.	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7. CHANGED (NEW) OR ADDED IN CRIMATION.  7a. ORGANIZATION'S NAME		·	
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
29415 HWY 25 SOUTH	WILSONVILLE	AL 35186	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA	TION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID	#, if any
ORGANIZATION			NONE
DEBTOR			
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restate	ed collateral description, or describe collateral	assigned.	
Describe colletoral colottee of area in a since and			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is a	n Assignment). If this is an Amendment a	uthorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here and enter na	me of DEBTOR authorizing this Amend	ment.
9a. ORGANIZATION'S NAME			
ALABAMA POWER COMPANY			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TOD. HADIATOURLO EROT IN THE			
10. OPTIONAL FILER REFERENCE DATA			