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

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

| | | 20021101000540150 Pg Shelby Cnty Judge of 11/01/2002 09:45:00 F | Probate, HL | |
|--|---|---|-----------------------|--|
| | | | | |
| UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| A/abama Gas Corporat | 700 | | | |
| 110 Spring St. N. | | | | |
| TALLADEGA | | | | |
| 1a. INITIAL FINANCING STATEMENT FILE # | | 1b. This FINANCING STATEMENT | وسناوسا وماوي | |
| 1996-392 | | to be filed [for record] (or record REAL ESTATE RECORDS. | ed) in the | |
| TERMINATION: Effectiveness of the Financing Statement identified above is CONTINUATION: Effectiveness of the Financing Statement identified above | | | | |
| continued for the additional period provided by applicable law. | | | | |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a 5. AMENDMENT (PARTY INFORMATION): This Amendment affects De | | | | |
| Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i CHANGE name and/or address: Give current record name in item 6a or 6b; als | tems 6 and/or 7. | | or 7h, and also | |
| name (if name change) in item 7a or 7b and/or new address (if address change 6. CURRENT RECORD INFORMATION: |) in item 7c. to be deleted in item 6a or 6b. | item 7c; also complete items 7c | l-7g (if applicable). | |
| 6a. ORGANIZATION'S NAME | <u></u> | | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 130/es | Charles | | | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | | | |
| OR 7b. INDIVIDUAL'S LAST NAME | TEIDET MANAE | TAUDDUE NIANE | Tourniy | |
| 76. 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 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | ## 35/78 7g. ORGANIZATIONAL ID #, if any | USA | |
| ORGANIZATION DEBTOR | | | NONE | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater | al description or describe collateral lassigned | | | |
| Describe conateraldeleted ofadded, of give entirerestated conater | al description, or describe conateralassigned | • | | |
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| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized | | | y a Debtor which | |
| 9a. ORGANIZATION'S NAME | . A. | | | |
| OR OF INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 40 OPTIONAL EU ED OFFERSION 5 5 5 5 5 | | | | |
| 10. OPTIONAL FILER REFERENCE DATA | | | | |