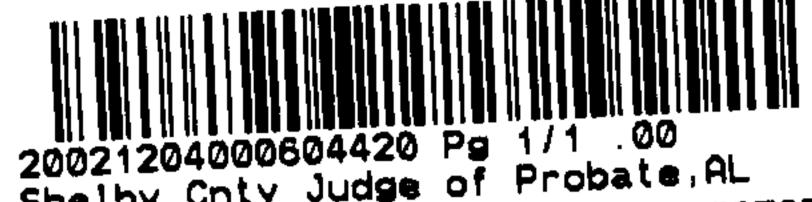
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		5helby 12/04/	2002 12:01:00 FILE	D/CERTIFIED
UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] PATRICIA HUNTLEY/205-226-1925				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35291				
	THE ABOV		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE #		to b	FINANCING STATEMENT A e filed (for record) (or record)	
2001-20094/SHELBY  2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s)		AL ESTATE RECORDS.  tv authorizing this Termination	n Statement.
2. TERMINATION: Effectiveness of the Financing Statement identified above is 3. 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	address of assignee in item 7c; and also give r	name of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Det	btor or Secured Party of record. Check	only one of these	two boxes.	
Also check one of the following three boxes and provide appropriate information in it		ord name	DD name: Complete item 7a	or 7h, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)			m 7c; also complete items 7d	l-7g (if applicable).
6. CURRENT RECORD INFORMATION:	······			
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
HADDOX	JEFFREY	LYN	1	
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR TE INDIVIDUALIS LAST NAME	TOOT MANE	MIDDLE	NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME	FIRST NAME  MARJORIE		TILE	
HADDOX 7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
520 MEADOW RIDGE CIR	BIRMINGHAM	AL	35242	
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION   DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<u>,</u>		
Describe collateral deleted or added, or give entire restated collater				
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized</li> </ol>	ENDMENT (name of assignor, if this is an Albert by a Debtor, check here and enter name	ssignment). If this of DEBTOR auth	s an Amendment authorized borizing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME				
ALABAMA POWER COMPANY	FIRST NAME	MIDDLE	NAME	SUFFIX
9b. INDIVIDUAL'S LAST NAME				

10. OPTIONAL FILER REFERENCE DATA