

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>JILL RAINER (662) 620-3647                              |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>BANCORPSOUTH BANK<br>PO BOX 4360<br>TUPELO, MS 38803 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                          |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>2001-36973 FILED WITH SHELBY COUNTY, AL ON 08/28/2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 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"/> TERMINATION: 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"/> CONTINUATION: 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"/> ASSIGNMENT (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. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |                                   |                                                                                                                                          |                                                                  |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                          |                                                                  |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                          |                                                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                          |                                                                  |
| 6b. INDIVIDUAL'S LAST NAME<br>EGGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | FIRST NAME<br>NEIL                                                                                                                       | MIDDLE NAME<br>D                                                 |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                          |                                                                  |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                          |                                                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                          |                                                                  |
| 7b. INDIVIDUAL'S LAST NAME<br>EGGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | FIRST NAME<br>PATTI                                                                                                                      | MIDDLE NAME<br>L                                                 |
| 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<br><input type="checkbox"/> NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one 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.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                          |                                                                  |

|                                                                                                                                                                                                                                                                                                                                                               |  |            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--------------------|
| 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>BANCORPSOUTH BANK                                                                                                                                                                                                                                                                                                                  |  |            |                    |
| OR                                                                                                                                                                                                                                                                                                                                                            |  |            |                    |
| 9b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                    |  | FIRST NAME | MIDDLE NAME SUFFIX |
|                                                                                                                                                                                                                                                                                                                                                               |  |            |                    |
| 10. OPTIONAL FILER REFERENCE DATA<br>LOAN #328000092412                                                                                                                                                                                                                                                                                                       |  |            |                    |