

20030204000068180 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 02/04/2003 13:18:00 FILED/CERTIFIED

OCC FINANCING STATEMENT AWIEN 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 18th Street North			
Birmingham, AL 35291			
•			
	THE AB	OVE SPACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # 2000-04952 Shelby County		1b. This FINANCING STATEMENT to be filed [for record] (or record) REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement iden	tified above is terminated with respect to security interest		ation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement i continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7	7a or 7b and address of assignee in item 7c; and also giv	e name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment af	fects Debtor or Secured Party of record. Che	ck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate in			
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if address)	6a or 6b; also give new DELETE name: Give red dress change) in item 7c. to be deleted in item 6a		7a or 7b, and also s 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Whatley,	Richard	E.	
7. CHANGED (NEW) OR ADDED INFORMATION:	······································		
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Whatley,	Gloria	C.	
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
113 Palm Dr	Alabaster	AL 35007	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN	IZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	/
ORGANIZATION DEBTOR			Пиои
8. AMENDMENT (COLLATERAL CHANGE): check only one box			NON
Describe collateral deleted or added, or give entire res		secionad	
Describe collateraldeleted ofadded, of give entireres	tated collateral description, or describe collateral	issign o u.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	G THIS AMENDMENT (name of assignor, if this is an	Assignment). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination		ne of DEBTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME			
Alabama Power Company			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			1
0. OPTIONAL FILER REFERENCE DATA			