

# UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33547



20030303000124820 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
03/03/2003 08:28:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                           |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                            |
| Fox Alarm Co., Inc.<br>5625 Birmingham Road<br>Sylvan Springs, Al. 35118 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |                                   |                          |  |
|---|-----------------------------------|--------------------------|--|
| 1a. INITIAL FINANCING STATEMENT FILE #  | 2000/34538                        | Shelby Co.               | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. |
| 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 <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <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 7e-7g (if applicable). |                                   |                          |  |
| 6. CURRENT RECORD INFORMATION:  |                                   |                          |  |
| 6a. ORGANIZATION'S NAME   |                                   |                          |  |
| Fox Alarm Co., Inc.   |                                   |                          |  |
| OR  | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME               | MIDDLE NAME SUFFIX   |
|   | Downs                             | Jeff                     |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  |                                   |                          |  |
| 7a. ORGANIZATION'S NAME   |                                   |                          |  |
| OR  | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME               | MIDDLE NAME SUFFIX   |
|   |                                   |                          |  |
| 7c. MAILING ADDRESS   |                                   | CITY                     | STATE POSTAL CODE COUNTRY  |
| 7d. SEE INSTRUCTIONS  | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION   |
|   |                                   |                          | 7g. ORGANIZATIONAL ID #, if any  |
|   |                                   |                          | <input type="checkbox"/> NONE  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> 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   |  |            |                    |
| OR  | Fox Alarm Co., Inc. 5625 Birmingham Road Sylvan Springs, Al. 35118 |            |                    |
|   | 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME | MIDDLE NAME SUFFIX |
|   |  |            |                    |

10. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY

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REORDER FROM  
Registré, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(763) 421-1713