

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

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



20030310000142320 Pg 1/1 .00
Shelby Cnty Judge of Probate, AL
03/10/2003 08:34:00 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)
AMERICAN GENERAL FINANCIAL SERVICES P.O.; BOX 970 PELHAM AL 35124

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1997-38840	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" 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 checked="" type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">6b. INDIVIDUAL'S LAST NAME HITT</td> <td style="width: 20%;">FIRST NAME RODNEY</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>	6b. INDIVIDUAL'S LAST NAME HITT	FIRST NAME RODNEY	MIDDLE NAME	SUFFIX	
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7. CHANGED (NEW) OR ADDED INFORMATION:						
7a. ORGANIZATION'S NAME						
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">7b. INDIVIDUAL'S LAST NAME HITT</td> <td style="width: 20%;">FIRST NAME LISA</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>	7b. INDIVIDUAL'S LAST NAME HITT	FIRST NAME LISA	MIDDLE NAME	SUFFIX	
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7c. MAILING ADDRESS						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">919 5TH COURT NW</td> <td style="width: 20%;">CITY ALABASTER</td> <td style="width: 10%;">STATE AL</td> <td style="width: 10%;">POSTAL CODE 35007</td> <td style="width: 20%;">COUNTRY</td> </tr> </table>		919 5TH COURT NW	CITY ALABASTER	STATE AL	POSTAL CODE 35007	COUNTRY
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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						
<input type="checkbox"/> NONE						

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☒ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

TRANE HEATING AND AIR UNIT

MD# TXCO3604HPB1 SR# M17735640
 MD# TUD 100C936H3 M182R751G
 MD# TWR036C100A2 M174UM1CF

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							
AMERICAN GENERAL FINANCE INC							
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">9b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>			9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA