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20030318000163960 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
03/18/2003 14:24:00 FILED/CERTIFIED

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>(205) 558-4600                                                       |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>Alamerica Bank<br><br>P.O. Box 55269<br>Birmingham, AL 35255-5269 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                     |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE#<br>20020515000229570 Pg 1/3 dated 5/15/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.<br><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 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: 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<br>Knowlwood, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME<br>SUFFIX            |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                     |                                  |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                     |                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME<br>SUFFIX            |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | CITY                                                                                                                                                | STATE<br>POSTAL CODE<br>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 <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 ☒ and enter name of DEBTOR authorizing this Amendment.

|                                           |                            |            |                       |
|-------------------------------------------|----------------------------|------------|-----------------------|
| 9a. ORGANIZATION'S NAME<br>Alamerica Bank |                            |            |                       |
| OR                                        | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME<br>SUFFIX |

10. OPTIONAL FILER REFERENCE DATA