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

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

			Shel	0506000281230 Pg 1/by Cnty Judge of Pr 6/2003 15:02:00 FIL	1 .00 obate,AL
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 FINANCE P.O. BOX 411 FAIRFIELD, AL 35064					
10 INITIAL FINIANCING STATEMENT OF THE		THE ABOVE SPA	والمرات المرات ا	R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 2000-16939			1	FINANCING STATEMENT A e filed [for record] (or recorde AL ESTATE RECORDS.	
 TERMINATION: Effectiveness of the Financing Statement identified above is to CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. 			ecured Par	ty authorizing this Termination	Statement.
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add	dress of assignee in	n item 7c; and also give name of a	ssignor in	tem 9.	· · · · · · · · · · · · · · · · · · ·
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also	ms 6 and/or 7.	Party of record. Check only one	AD	D name: Complete item 7a o	r 7b, and also
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	n item /c, to	be deleted in item 6a or 6b.	iter	n 7c: also complete items 7d-	7g (if applicable).
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
COY	DEWAYNE&	BARBARA	E &	L	JR
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u> </u>		····		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
7c. MAILING ADDRESS	CITY	, <u>, , , , , , , , , , , , , , , , , , </u>	STATE	POSTAL CODE	COUNTRY
	7f. JURISDICTION OF ORGANIZATION		7g. ORG/	NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Adeleted or added, or give entire restated collateral	description, or des	scribe collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENIA adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	DMENT (name of a Debtor, check he	assignor, if this is an Assignment) ore XXand enter name of DEBT	. If this is a	an Amendment authorized by zing this Amendment	a Debtor which
9a. ORGANIZATION'S NAME OR AMERICAN GENERAL FINANCE 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA		· · · · · · · · · · · · · · · · · · ·			
05/23/2000					