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

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

33716

C FINANCING STATEMENT AMENDME LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address) Fox Alarm (D., Inc.	NT		5/05/2003 13:10:00	
NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address) Fox Alarm (D., Inc.				
Fox Alarm Co., Inc.	"			
I Fox Alarm Co., Inc.				
126 Brooklane Dr.				
Hueytown, Al. 35023				
NITIAL FINANCING STATEMENT FILE #	THE ABOVE		OR FILING OFFICE US	
2001-55479			is FINANCING STATEMEN be filed [for record] (or record) EAL ESTATE RECORDS.	
ERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of	the Secured P	arty authorizing this Termina	tion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	pove with respect to security interest(s) of the Sec	ured Party auth	norizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and MENDMENT (PARTY INFORMATION): This Amendment affects				
so check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in	Secured Party of record. Check on items 6 and/or 7.	ly <u>one</u> of these	two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. URRENT RECORD INFORMATION:	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD	name: Complete item 7a o 7c: also complete items 7e-	r 7b, and also 7g (if applicable).
6a. ORGANIZATION'S NAME		<u></u>		<u> </u>
Sb. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NIANAE	COLUEEN
Indsmith	Steve	MIIDDLE	IAVIAIE	SUFFIX
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
b. INDIVIDUAL'S LAST NAME				
D. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
EE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR			THE THE ID W, II ALLY	NONE
MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. scribe collateral deleted or added, or give entire restated collater		, <u></u>		