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

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33532

	20030605000350210 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL		
		06/05/2003 13:10:00 F	FILED/CERTIFIED
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
For Alarm Co., almo			
124 Brookland Dr.			
Nuey town, AL 3502	3		
1a. INITIAL FINANCING STATEMENT FILE #	. /	1b. This FINANCING STATEME	
2. XTERMINATION: Effectiveness of the Financing Statement identified above in		to be filed [for record] (or record) REAL ESTATE RECORDS. De Secured Party authorizing this Termin	
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a	or 7b, and also
6. CURRENT RECORD INFORMATION:	L. I to be deleted in item oa or ob.	item 7c; also complete items 7	e-/g (ir applicable).
1 ADD CORGANIZATION'S NAME OF ADD CORGANIZATION'S NAME OF ADD CORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	Kevin		
7a. ORGANIZATION'S NAME		······································	. <u></u>
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	TARIDOLE NIANEE	Louern
TO THE OTHER DESIGNATION OF THE OTHER DESIGNAT	FIRST INNIE	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	v
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateralassigne	d.	
		-0 i 1	
9. NAME OF SECURED PARTY OF DECORD AUTHORITING THIS ANATH		shelhy Co.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	NDMENT (name of assignor, if this is an Assignm by a Debtor, check here and enter name of DE	ent). If this is an Amendment authorized BTOR authorizing this Amendment.	d by a Debtor which
9a. ORGANIZATION'S NAME	191 1200111	1/	11 2120
OR SHANDIVIDUAL'S LAST NAME ON MC.	124 BROOK(ane)R. FIRST NAME	MIDDLE NAME	SUFFIX
40 ODTIONAL ED EO DECESSIONES DE LES			
10.OPTIONAL FILER REFERENCE DATA			

(763) 421-1713