



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)			
Foy Alaxm Co., Inc			
124 Brooklane Dr.			
L'Huentown, Al. 35023			
1a. INITIAL FINANCING STATEMENT FILE #	 	1b. This FINANCING STATEMEN	
2001-44215		to be filed [for record] (or record) REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the		ation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secured	Party authorizing this Continuation S	Statement is
4. 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 De	ebtor or Secured Party of record. Check only o	ne of these two boxes.	
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	items 8 and/or 7. DELETE name: Give record name	ET ADD name: Complete item 7s a	or 7h. and also
in regards to changing the name/address of a party.	to be deleted in item 6a or 6b.	ADD name: Complete item 7a ditem 7c; also complete items 7e	e-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		_ 	
Litou Alarm Co. Inc.			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGE AND ADDED IN FORMATION	<u> </u>		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			<u> </u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			INOINE
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigned.		
		Sheller (5).	
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 Assignment by a Debtor, check here.	t). If this is an Amendment authorized	by a Debtor which
9a. ORGANIZATION'S NAME	and enter name of DED	Or audiorizing this Amendment,	
OR SENDIVIDUAL'S LAST NAME O. Inc.	126 BROOKLARE DR	MIDDLE NAME	n AL. 350
0.OPTIONAL FILER REFERENCE DATA			

(763) 421-1713