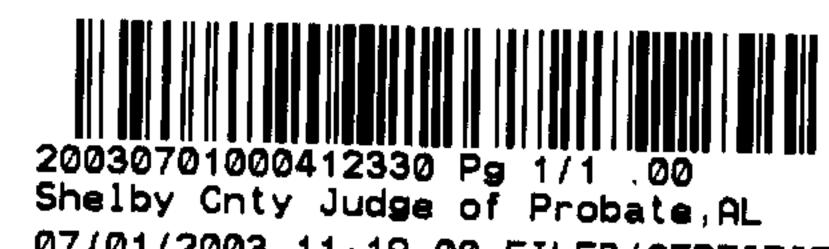
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UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
SHELBY COUNTY ALABAMA			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Please return to: CT Corporation Systems Attn: Regina Phillips 17 South High Street Suite 1100 Columbus OH 43215			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	1b. This FINANCING STATEMENT	AMENDMENT is
1999-10553 DATE 3/12/99		to be filed [for record] (or record REAL ESTATE RECORDS.	ded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the		·
3. CONTINUATION: Effectiveness of the Financing Statement identified above 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			<u> </u>
O; / doi: 10.00 / / / / / / / / / / / / / / / / / /	btor or Secured Party of record. Check only of	<u>ne</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item 7a or 7b), and also item 7c;
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7 c- 7 g (ii applio	abic).
6a. ORGANIZATION'S NAME			,
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NELSON	STACIE		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAIVIE		
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.			
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateralassigned		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of assignor, if this is an Assignn d by a Debtor, check here and enter name of DE	nent). If this is an Amendment authorized BTOR authorizing this Amendment.	i by a Debtor which
9a. ORGANIZATION'S NAME		<u> </u>	
SOUTHTRUST BANK F/K/A SOUTHTRUST BA 9b. INDIVIDUAL'S LAST NAME	NK, NA FIRST NAME	MIDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERENCE DATA (D.M.) PU8881 ACCT1023174855	8 8 8 7 9 -21 DA	TE 6/23/03	