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200401060000009860 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 01/06/2004 11:03:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] C.C. BARGER/205-226-1925 B. SEND ACKNOWLEDGMENT TO: (Name and Address) **IALABAMA POWER COMPANY** 600 NORTH 18TH STREET BIRMINGHAM, AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# to be filed [for record] (or recorded) in the 2000-26729/SHELBY **REAL ESTATE RECORDS.** 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. 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 Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). ☐ DELETE name: Give record name. to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b, INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX **KEVIN** MAGUIRE 7. CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME 7b, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME **SUFFIX** GLENDA CONWAY 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE 35115 MONTEVALLO 210 HIDDEN VALLEY DR AL 7d. TAX ID #: SSN OR EIN 7e. TYPE OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 7f. JURISDICTION OF ORGANIZATION **ORGANIZATION** DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY MIDDLE NAME **FIRST NAME** SUFFIX 10. OPTIONAL FILER REFERENCE DATA