

20040324000150200 Pg 1/1 .00
Shelby Cnty Judge of Probate, AL
03/24/2004 10:39:00 FILED/CERTIFIED

CC FINANCING STATEMILLOW INSTRUCTIONS (front and back) NAME & PHONE OF CONTACT AT FILE C. BARGER/205-226-1401 SEND ACKNOWLEDGMENT TO: (Name ALABAMA POWER CON 600 NORTH 18TH STREE BIRMINGHAM, AL 3529	CAREFULLY R [optional] and Address) PANY T					
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NITIAL FINANCING STATEMENT FILE #						
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20031123000772930/SHELB 1				1b. Ti	nis FINANCING STATEMENT	AMENDMENT I
/ TERMINATION: Effectiveness of the Ein-				IIIR	be filed [for record] (or record EAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Fina						
CONTINUATION: Effectiveness of the F continued for the additional period provided	by applicable law.	ove with respect to	security interest(s) of the Secure	d Party aut	horizing this Continuation Sta	tement is
ASSIGNMENT (full or partial): Give name	of assignee in item 7a or 7b and	address of assigned	in item 7c; and also give name o	f assignor i	n item 9	<del></del>
MENDMENT (PARTY INFORMATION):		The second se	ed Party of record. Check only o			
iso check one of the following three boxes and		items 6 and/or 7.				
CHANGE name and/or address: Give current name (if name change) in item 7a or 7b and/or	t record name in item 6a or 6b; also or new address (if address change)		DELETE name: Give record name to be deleted in item 6a or 6b.	e	DD name: Complete item 7a em 7c; also complete items 7c	or 7b, and also
URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		····			onr ro, also complete items /t	3-79 (II applicabl
OA. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S LAST NAME	······································	FIRST NAME	<u></u>	THIODIE	ALABAT.	
JOHNSON		PHYLLIS		MIDDLE NAME		SUFFIX
HANGED (NEW) OR ADDED INFORMATIO	N·			L.		
7a. ORGANIZATION'S NAME	······································	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>	······································	
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
	······································			-		
AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
9 TAHITI LN  AX ID #: SSN OR EIN   ADD'L INFO RE   76, TYPE OF ORGANIZATION		ALABASTER		AL	35007	
ORGANIZATION	e. TYPE OF ORGANIZATION	71. JURISDICTIC	N OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
MENDMENT (COLLATERAL CHANCE)						NON
MENDMENT (COLLATERAL CHANGE): scribe collateral deleted or added, or						