



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 4S-1135 600 18TH STREET NORTH BIRMINGHAM, AL 35292 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 1998-27022 - SHELBY COUNTY REAL ESTATE RECORDS. 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. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). 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. DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME FIRST NAME DAVID WAYNE MCBRIDE 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME **SUFFIX** MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME KATHLEEN **HUNT** MCBRIDE COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 35242 ALBIRMINGHAM 5019 APPLECROSS ROAD 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7d. TAX ID #: SSN OR EIN NONE DEBTOR 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 9b. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA