## 20040527000283400 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 05/27/2004 11:36:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] KUBOTA CREDIT CORP. USA (770) 665-8855 (MONIQUE A.) R SEND ACKNOWLEDGMENT TO: (Name and Address)

D. SEND ACKNOWLED	PINICIAL I O. (MAIII	e and Addiess)						
KUBOTA C	REDIT CORP	. USA	-					
•		DEPARTMENT						
	RTHBROOK							
	EE, GA 30024							
(AI	_)		(\$N/C)					
<u> </u>				i				
<u> </u>			-	THE ABOVE S	PACE IS FO	R FILING OFFICE U	SE ONLY	
1a. INITIAL FINANCING STA	TEMENT FILE#				1	FINANCING STATEME		
200-02789 1/27/2000 PROBATE JUDGE OF SHELBY CO. OF AL						to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: E	fectiveness of the Fi	nancing Statement identified at	ove is terminated wit	h respect to security interest(s) of the				
3. CONTINUATION:	Effectiveness of the	Financing Statement identifie	d above with respect	to security interest(s) of the Secu	red Party author	orizing this Continuation	Statement is	
continued for the add			•		_	_		
4. ASSIGNMENT (full	or partial): Give nar	me of assignee in item 7a or 7b	and address of assig	nee in item 7c; and also give name	of assignor in	item 9.		
				ecured Party of record. Check only				
•		d provide appropriate information	قبسميا لبس		, <u></u>	<del> </del>		
CHANGE name and/o	r address: Give cum	ent record name in item 6a or 6i	b; also give new	DELETE name: Give record no	eme 🗂 AE	D name: Complete item	7a or 7b, and also	
6. CURRENT RECORD IN		d/or new address (if address ch	nange) in item 7c.	to be deleted in item 6a or 6b.		m 7c; also complete item	is /o-/g (it applicable).	
6a. ORGANIZATION'S		<del></del>	<u></u>	<u></u>				
OR 6b. INDIVIDUAL'S LAS	R 6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
WILLIAMS			CASTO	CASTOR				
	ADDED INCODMAZ					<u></u>		
7. CHANGED (NEW) OR A 7a. ORGANIZATION'S		ION:	<u>.</u>		·			
OR 76 INDIVIDUAL'S LAS	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
) IN THE OFFICE OF LAND								
Z- MANUAC ADDDCCC	<del></del>			<del></del>	OTATE	TROOPE	COUNTRY	
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EIN	TAVIDE CENIODEN LADOU NEO DE 17º TYDE DE ODCAN		TON OF OPENING		70 OPGANIZATIONAL ID # if one			
70, IAXID#. SSN OR EIN	ORGANIZATION	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any NONE		
	DEBTOR							
8. AMENDMENT (COLL		•						
Describe collateral de	eleted or added	, or give entire restated co	ollateral description, o	or describe collateral assigne	ed.			
					<del></del>		·	
				ame of assignor, if this is an Assign			ed by a Debtor which	
		or it this is a Termination autho	orized by a Debtor, ch	eck here and enter name of D	EBIOR autho	rizing this Amendment.		
9a. ORGANIZATION'S I		/VIDOTA CDEDI	T CODD IIC A					
7R		/ KUBOTA CREDI			3 31 5 5	NIAR PE		
9b. INDIVIDUAL'S LAST	NAME		FIRST NAM		MIDDLE	NAME	SUFFIX	
						·		
10. OPTIONAL FILER REFER	ENCE DATA							
I OAN# W/ KIIDO	TA 10222007	<i>!</i>						