

20040608000308330 Pg 1/1 28.00 Shelby Cnty Judge of Probate, AL 06/08/2004 14:13:00 FILED/CERTIFIED

CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			
. NAME & PHONE OF CONTACT AT FILER [optional]			
. SEND ACKNOWLEDGMENT TO: (Name and Address)			
William S. Wright Balch & Bingham LLP			
P. O. Box 306 Birmingham, AL 35201			
	THE ABOVE SP.	ACE IS FOR FILING OFFICE USE	
a. INITIAL FINANCING STATEMENT FILE # 20030701000413020		1b. This FINANCING STATEMENT At to be filed [for record] (or record)	
TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	REAL ESTATE RECORDS. Secured Party authorizing this Termination	n Slatement.
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.			
. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddrone of necionae in item 7c; and also sive name o	f accident in item 0	
	tor or Secured Party of record. Check only o		
Also check one of the following three boxes and provide appropriate information in ite		tio of those two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new IDELETE name: Give record name in item 7c. DELETE name: Give record name in item 6a or 6b.	e ADD name: Complete item 7a ditem 7c; also complete items 7d	or 7b, and also I-7g (if applicab
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			<u> </u>
Compass Mortgage Corporation		1	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
P. O. Box 10566 Attn: Commercial Real Estate Dept.	Birmingham	AL 35296	USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	Пм
. AMENDMENT (COLLATERAL CHANGE): check only one box.			1140
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral X assigned		
			y a Debtor whi
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME			y a Debtor whi
9a. ORGANIZATION'S NAME AmSouth Bank			y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME			SUFFIX
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME AmSouth Bank	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	

FILING OFFICE COPY --- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)