| UCC  | FINANCING STATEMENT AMENDMENT  |   |                     |   |  |
|--|--|---|---------------------|---|--|
|  | W INSTRUCTIONS (front and back) CAREFULLY  |   |                     |   |  |
|  | AME & PHONE OF CONTACT AT FILER [optional]<br>in: Mr. Robert H. Shore  |   |                     |   |  |
| B. SE  | ND ACKNOWLEDGEMENT TO: (Name and Address)  |   |                     |   |  |
|  |  |   |                     |   |  |
|  | l<br>Compass Bank  | l l   |                     |   |  |
|  | 8080 N. Central Expressway, Suite 370  |   |                     |   |  |
| ł  | Dallas, Texas 75206  |   |                     |   |  |
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| 1a [N]]  | TIAL FINANCING STATEMENT FILE #  |   | T) . CIA            | R FILING OFFICE USI                                     |  |
|  |  |   | to be file          | ed [for record] (or recorded                            |  |
|  | 0679871  |   |                     | RECORDS   | <u>.                                    </u> |
| 2.   | TERMINATION: Effectiveness of the Financing Statement identified above is te   | minated with respect to security interest(s) of t             | he Secured Pa       | rty authorizing this Termir                             | nation Statement.                            |
| 3.   | CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law.                           | th respect to security interest(s) of the Secured             | Party authoriz      | ing this Continuation State                             | ement is                                     |
| 4.   | ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and adde  | ress of assignee in item 7c; and also give name               | of assignor in      | item 9.   |  |
| 5. AME   | NDMENT (PARTY INFORMATION): This Amendment affects   | Secured Party of record. Check only one of the                | ese two boxes       | s.  | ······································       |
|  | check one of the following three boxes and provide appropriate information in ite  | · · · · · · · · · · · · · · · · · · ·                         |                     |   |  |
|  | CHANGE name and/or address: Give current record name in item 6a or 6b; also give name (if name change) in item 7a or 7b and/or new address (if address change) in item | DELETE name: Give record name to be deleted in item 6a or 6b. | ☐ ADD na<br>item 7c | me: Complete item 7a or 7b<br>also complete items 7d-7g | , and also<br>(if applicable).               |
| 6. CURRENT RECORD INFORMATION:   |  |   |                     |   |  |
| 6a. ORGANIZATION'S NAME  |  |   |                     |   |  |
| OR KIMCO Birmingham L.P.   |  |   |                     |   |  |
| • • •  | 6b. INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDDLE NA           | ME  | SUFFIX                                       |
|  |  |   | <u></u>             |   |  |
| 7. CHA   | NGED (NEW) OR ADDED INFORMATION:   |   |                     |   |  |
|  | 7a. ORGANIZATION'S NAME  |   |                     |   |  |
| OR   |  |   |                     |   |  |
|  | 7b. INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDDLE NA           | ME  | SUFFIX                                       |
|  |  |   |                     | <del></del>   |  |
| 7c. MAI  | LING ADDRESS   | CITY  | STATE               | POSTAL CODE   | COUNTRY                                      |
| <del></del>  |  |   | <u> </u>            |   | <u> </u>                                     |
| 7d. TAX ID#: SSN OR EIN   ADD'L INFO RE   7e TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR                                      |  | 7f. JURISDICTION OF ORGANIZATION                              | 7g. ORGAN           | IZATIONAL ID #, if any                                  | □ NONE                                       |
| 8 AME  | NDMENT (COLLATERAL CHANGE): check only one box.  |   |                     | <del></del>   |  |
|  | · ·  | deposintion, er deposible colleteral. 🗀 essione               | _                   |   |  |
| Describe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated collateral description, or describe collateral 🔲 assigned. |  |   |                     |   |  |
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|  | E of SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (I   |   |                     |   | btor which adds                              |
| collater   | al or adds the authorizing Debtor, or if this is a Termination authorized by a Debto 9a. ORGANIZATION'S NAME   | or, check here LJ and enter name of DEBTC                     | Rauthorizing        | this Amendment.   | <del></del>                                  |
| OR   |  |   |                     |   |  |
| UK   | Compass Bank 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE NA           | ME  | SUFFIX                                       |
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|  |  | <u> </u>  |                     |   |  |
| 10. OP   | TIONAL FILER REFERENCE DATA  |   |                     |   |  |
| K  | (IMCO Birmingham L.P Secretary of State of Alabama   |   |                     |   |  |