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Shelby Cnty Judge of Probate,AL  
09/02/2004 14:11:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>KRISTI VAN BUREN 256-240-2048 8/27/04                   |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>COLONIAL BANK N.A.<br>PO BOX 6<br>ANNISTON, AL 36202 |  |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                          |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>INST # 1996-5604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the<br><input type="checkbox"/> REAL ESTATE RECORDS. |                                       |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                          |                                       |
| 3. <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                                          |                                       |
| 4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |                                      |                                                                                                                                          |                                       |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                          |                                       |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                          |                                       |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6b. INDIVIDUAL'S LAST NAME<br>LEROUX | FIRST NAME<br>JOHN                                                                                                                       | MIDDLE NAME<br>S<br>SUFFIX            |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                          |                                       |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                          |                                       |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7b. INDIVIDUAL'S LAST NAME           | FIRST NAME                                                                                                                               | MIDDLE NAME<br>SUFFIX                 |
| 7c. MAILING ADDRESS<br>1770 TULLE CIR NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | CITY<br>ATLANTA                                                                                                                          | STATE<br>GA<br>POSTAL CODE<br>COUNTRY |
| 7d. TAX ID #: SSN OR EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADD'L INFO RE ORGANIZATION DEBTOR    | 7e. TYPE OF ORGANIZATION                                                                                                                 | 7f. JURISDICTION OF ORGANIZATION      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE                                                                         |                                       |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                          |                                       |

THIS INSTRUMENT IS USED AS ADDITIONAL COLLATERAL TO THE MORTGAGE DATED FEBRUARY 16, 1996, RECORDED IN INST# 1996-5603.

|                                                                                                                                                                                                                                                                                                                                                               |                            |            |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|-----------------------|
| 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                       |
| 9a. ORGANIZATION'S NAME<br>COLONIAL BANK N.A.                                                                                                                                                                                                                                                                                                                 |                            |            |                       |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME<br>SUFFIX |

10. OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
INST #1996-5604

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

LEROUX

FIRST NAME

ROBERT

MIDDLE NAME,SUFFIX

J

13. Use this space for additional information

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