



UCC FINANCING STATEMENT AMENDMEN			
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
James J. Odom, Jr. (205) 664-8691			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
James J. Odom, Jr., Esq.			
211-B Yeager Parkway			
Pelham, Alabama 35124			
y			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMEN	
#1994/28308, continued in #1999/33757, and assigned in	in #2001/10401	to be filed [for record] (or reco	rueu) m me
2. / TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the		ion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about			
continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assigner in item 9	<u> </u>
			** <u></u>
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del		<u>de</u> ui uiese (wu doxes).	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it. CHANGE name and/or address: Give current record name in item 6s or 6b; also		ADD some Complete from 7	a ne 7h and also
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)	o give new DELETE name: Give record nam o give new to be deleted in item 6a or 6b.	e ADD name: Complete item 7 item 7c; also complete items	a or 75, and also 7d-7g (if applicable
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	·····	·· ·······	
PR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	leuceiv
OU. HADIVIDUAL S LAST NAME	FIRST NAME	MIDDEE HAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			· ·
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	TAUDDLE NAME	Teueeiv
TO. HADIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION	THE USE A CONTROL OF CHARACTER AND A CONTROL OF CONTROL	rg. OrtoArtizArtioNAL ID #, II ally	
DEBTOR			NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	al description or describe collateral Dessigned		
Describe consteral Endered of Endeded, of give entire Endeded constera	ar deacription, or describe consterar Lassigned.		
		· -	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME			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 DEB	TOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME		······································	
REILLY MORTGAGE GROUP, INC.			
1P	I SIDOT NAME	MIDDLE MANE	TOUREN
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	1	1	
OPTIONAL FILER REFERENCE DATA			
0. OPTIONAL FILER REFERENCE DATA			