



UCC FINANC	NG STATEN	IENT AMENDME	NT		TED/C	ERT		
FOLLOW INSTRUCTION								
A. NAME & PHONE OF (	CONTACT AT FILER [or	ptional]						
B. SEND ACKNOWL	EDGMENT TO: (Nai	me and Address)						
Southern	evelopment Co	uncil Inc						
		Julicii, ilic.						
	ederal Road							
Montgomei	y, AL 36117							
			THIS	ABOVE SPA	CE IS FOR FILING OF	FFICE USE ONL'		
1a. INITIAL FINANCING S B 2001-10608 FS				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2. X TERMINATIO	N: Effectiveness of the	Financing Statement identified abov	e is terminated with respect to security interest(s) of	the Secured Pa	rty authorizing this Termir	nation Statement.		
			ove with respect to security interest(s) of the Secure	d Party authorizi	ng this Continuation State	ement is		
<del></del>	dditional period provided  T (full or partial): Gi		b and address of assignee in item 7c; and also give	name of assign	or in item 9.			
		TION):This Amendment affects						
Also check one of the	following three boxes ar	d provide appropriate information in	n items 6 and/or 7.					
name (if name cha	nge) in item 7a or 7b an	rent record name in item 6a or 6b; a d/or new address (if address change	e) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b.		D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable)		
6. CURRENT RECOR	₹D INFORMATION:							
6a. ORGANIZATION Specialty Ad								
OBCOLUTE ACTION	<del></del>		FIRST NAME	MIDDLE NAME SUI		SUFFIX		
	TO 1 TWITE.							
7. CHANGED (NEW)	<del></del>	IATION:						
7a. ORGANIZATION  Southern De	velopment Cou	ıncil. Inc.						
OR 7b. INDIVIDUAL'S LA			FIRST NAME	MIDDLE N	MIDDLE NAME SUFFIX			
c. MAILING ADDRESS 8132 Old Federa	Road		Montgomery	STATE	POSTAL CODE 36117	COUNTRY		
D. TAX ID #: SSN OR EIN	<del></del>	7e. TYPE OF ORGANIZATION			NIZATIONAL ID #, If any			
	ORGANIZATION DEBTOR	Corporation	Alabama		NONE			
AMENDMENT (C	OLLATERAL CHA	NGE): check only one box.						
Describe collateral	deleted or added, c	or give entire restated collateral	description, or describe collateral assigned.					
		······································						
NAME OF SECUR adds collateral or adds the	ED PARTY OF REC e authorizing Debtor, o	ORD AUTHORIZING THIS AMEND r if this is a Termination authorized I	MENT (name of assignor, if this is an Assignment).  by a Debtor, check here and enter name of DEI	If this is an Ame BTOR authorizin	ndment authorized by a E g this Amendment.	Debtor which		
9a. ORGANIZATION'S N								
U.S. Small Busi	<del></del>	ration	CIDOT NIABAT	A 41DD1 C 3144		CLIECTY		
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME	=	SUFFIX		
		<del></del>		<u></u>				

## Acknowledgment Copy

20050328000139010 2/2 \$.00 Shelby Cnty Judge of Probate, AL 03/28/2005 12:25:07PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOL	LLOW INSTRUCTIONS (f	ront and back) CARE	FULLY					
Α.	NAME & PHONE OF CO	NTACT AT FILER [o	otional]					
В.	SEND ACKNOWLED	GMENT TO: (Nar	ne and Address)					
	Southern Dev	elonment Co	uncil Inc					
	8132 Old Fed							
	Montgomery,							
	moning on y,							
	INITIAL FINIANCING STAT	TENACNIT CU C #			THIS A	·····	CE IS FOR FILING O	
1a. INITIAL FINANCING STATEMENT FILE #  B 2001-10608 FS						r to t	be filed [for record] (or record).	
<u> </u>	X TERMINATION:	Effectiveness of the I	Financing Statement identified above	is terminated with respect to	security interest(s) of the	ne Secured Pa	rty authorizing this Termi	ination Statemen
3.	CONTINUATION continued for the additional continued continued for the additional continued for the addi		e Financing Statement identified about	ve with respect to security inte	erest(s) of the Secured	Party authoriz	ing this Continuation Stat	tement is
4.			ve name of assignee in item 7a or 7b	and address of assignee in i	tem 7c; and also give r	name of assign	or in item 9.	
	•		TION):This Amendment affects		Party of record. Check	only <u>one</u> of th	ese two boxes.	
		_	d provide appropriate information in rent record name in item 6a or 6b; als		ame: Give record name	<b></b>	D nama: Camplata itam '	Zo or Zh. ond old
	name (if name change	e) in item 7a or 7b an	d/or new address (if address change	) in item 7c. Late to be delete	ed in item 6a or 6b.	, , ,	D name: Complete item n 7c; also complete items	7a or 7b, and ais 3 7d-7g (if applic
ſ	CURRENT RECORD  6a. ORGANIZATION'S I		——————————————————————————————————————			<del></del>	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Specialty Adhe							
R				FIRST NAME	<del></del>	MIDDLE NAME		SUFFIX
7 (			ATIONI					
Г	CHANGED (NEW) OR 7a. ORGANIZATION'S N	<del></del>	ATION:			·····		
<u>,                                    </u>	Southern Deve	lopment Cou	ncil, Inc.					
)R	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
c. M	AILING ADDRESS	<u></u>	CITY		STATE POSTAL CODE		COUNTRY	
8132 Old Federal Road				Montgomery		AL	36117	USA
D. T	TAX ID #: SSN OR EIN ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR Corporation			7F. JURISDICTION OF C	CTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, If any	
Δ	MENDMENT (COL		NGE): check only one box.			<u> </u>		
			r give entire restated collateral d	escription, or describe collater	ral assigned			
			give citine restated conditions a	Coonpilon, or nearther condition	assigned.			
NΑ	ME OF SECURED	PARTY OF REC	ORD AUTHORIZING THIS AMENDA	MENT (name of assignor, if this	s is an Assignment). If	this is an Ame	endment authorized by a	Debtor which
			if this is a Termination authorized by		nd enter name of DEBT			
	ORGANIZATION'S NAM. S. Small Busine		ration					
	·			FIRST NAME		MIDDI E NANA	<del></del>	SUFFIX
J.J.		· : • : • · ·				THE TACKET		
	INDIVIDUAL'S LAST NATIONAL FILER REFE			FIRST NAME		MIDDLE NAME		SUF