



UCC FINANCING STATEMENT AMENDMEN			
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
J. RUFFIN/205.226.1902			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed [for record] (or record)	
2000-02796/SHELBY		to be filed [for record] (or record) REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	f Party authorizing this Continuation Sta	atement is
4. 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	assignor in item 9.	<u> </u>
. AMENDMENT (PARTY INFORMATION): This Amendment affects Det			
Also check one of the following three boxes and provide appropriate information in it			
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 name in item 7c.  to be deleted in item 6a or 6b.	e ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also
CURRENT RECORD INFORMATION:			G / G (II GppIII G
6a. ORGANIZATION'S NAME			
)R			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MULLIN	PAUL	W.	
. CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME]	······································		<del></del>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MULLIN	KELLY	L.	
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
10680 NORTH MAIN STREET	WILSONVILLE	AL 35186	
ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NON
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.		
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assignme	nt) If this is an Amendment authorized i	hy a Dobtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			by a Debtor Which
9a. ORGANIZATION'S NAME			
ALABAMA POWER COMPANY			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O OPTIONAL FILER REFERENCE DATA			