



		<b>-</b>	2005 12:24:39PM	
UCC FINANCING STATEMENT AMENDN	<b>JENT</b>			
FOLLOW 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 SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #			s FINANCING STATEME	
20020723000343640-SHELBY			pe filed [for record] (or re AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified				··-
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.</li> </ol>	fied above with respect to security interest(s) o	of the Secured Party auth	orizing this Continuation	Statement is
4. 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	··· <u>jaana</u>			
Also check one of the following three boxes and provide appropriate informations	Arrest Invest	Service of the servic		
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new DELETE name: Give change) in item 7c. To be deleted in item		DD name: Complete item m 7c; also complete item	7a or 7b, and also
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S LAST NAME			A I A B & P	
SCHIFANELLA	TODD	MIDDLE	NAME	SUFFIX
		J.		
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	······································			<del></del>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SI	
SCHIFANELLA	TESSA	J.		
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1239 8TH AVE SW	ALABASTER	AL	35007	
ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION	ON 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORG	ANIZATIONAL ID #, if an	, <b>у</b>
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated				
Describe conateral fideleted of fladded, of give entire frestated	conateral description, or describe collateral	assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT (name of assignor, if this is	an Assignment). If this is	an Amendment authorize	ed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination aut 9a. ORGANIZATION'S NAME	norized by a Debtor, check here and enter r	name of DEBTOR autho	rizing this Amendment.	
ALABAMA POWER COMPANY				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA