



LIGO EINIA NICINIO OTATENITATNITA ANACNIDANENI"			
UCC FINANCING STATEMENT AMENDMEN			
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			
DIMINITALL JULI			
	THE ABOVE SPA	1b. This FINANCING STATEMENT A	
1a. INITIAL FINANCING STATEMENT FILE #		to be filed [for record] (or recorde REAL ESTATE RECORDS.	
1996-22630 SHELBY	to make all with respect to eccurity interest(s) of the S		
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.	e with respect to security interest(s) of the Secured	Party authorizing this Continuation State	HICH IS
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb Also check one of the following three boxes and provide appropriate information in ite		g of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b: also	give new DELETE name: Give record name	ADD name: Complete item 7a or	r 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7d-	7g (if applicable).
6. CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME]			
TOA. OROMINEMIE			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BURSI	BRUCE	M.	
7. CHANGED (NEW) OR ADDED INFORMATION:  7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2202 CHANDABROOK DR	PELHAM	AL 35124	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR 1			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assignment	nt). If this is an Amendment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized l			
9a. ORGANIZATION'S NAME		····	, <del></del>
AMSOUTH BANK OF ALABAMA			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			