UCC FINANCING STATEMENT AMENDMENT 20050617000299020 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/17/2005 09:27:29AM FILED/CERT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] PAT CARVER 205-221-8886 B. SEND ACKNOWLEDGMENT TO: (Name and Address) PINNACLE BANK MAIN OFFICE P.O. BOX 1388 1811 SECOND AVENUE JASPER, AL 35502-1388 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 20050202000050730 SHELBY CO REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. 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 Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also CHANGE name and/or address: Give current record name in item 6a or 6b; also give new ☐ DELETE name: Give record name item 7c, also complete items 7d-7g (if applicable). 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. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OLD SOUTH BUILDERS, INC. SUFFIX MIDDLE NAME 66. INDIVIDUAL'S LAST NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7d. TAX ID #: SSN OR EIN ORGANIZATION X NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized 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 DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME PINNACLE BANK SUFFIX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

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