



| | | 08/0 | 2/2005 08:09:17A | M FILED/CERT |
|---|---|------------|---------------------------|--------------|
| LICC CINIANICINIC CTATEBACNIT | | | | |
| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
| LACEY GALLMAN 205-991-6199 | | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| RACETRAC PETROLEUM, INC. P.O. BOX 380308 BIRMINGHAM, AL 35238 | | | | |
| 1 DERTOR'S EXACT FULL LEGAL NAME, insert only one debter name (1a) | | SPACE IS F | OR FILING OFFICE U | SEONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME | or (b) - do not appreviate or combine names | | | |
| | | | | |
| OR 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| LALANI | KARIM | | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3314 PELHAM PKWY. | PELHAM | AL | 35124 | US |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | SANIZATIONAL ID #. if any | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of 2a. ORGANIZATION'S NAME | debtor name (2a or 2b) - do not abbreviate or comb | oine names | | |
| OR 2b. INDIVIDUAL'S LAST NAME | | | * Alara | loures. |
| LALANI | JASMINE JASMINE | MIDDLE | . 1 N/T(IVIL | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3314 PELHAM PKWY. | PELHAM | AL | 35124 | US |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | | SANIZATIONAL ID #, if any | <u></u> |
| ORGANIZATION DEBTOR | | NC | | |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF 3a. ORGANIZATION'S NAME | R S/P) - insert only <u>one</u> secured party name (3a or 3 | 3b) | | ···· |
| RACETRAC PETROLEUM, INC. | | | | |
| OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NIANE | TOLICELY |
| | | MIDDLE | , I WANTE | SUFFIX |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| P.O. BOX 380308 | BIRMINGHAM | AL | 35238 | US |
| 4. This FINANCING STATEMENT covers the following collateral: | | | : 1 | |
| | | | | |

RW 6818, PELHAM PKWY., AL COUNTY & STATE

70,000

ALL INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, AND GENERAL INTANGIBLES NOW OR HEREAFTER AQUIRED BY THE DEBTOR, INCLUDING GASOLINE OWNED BY THE SECURED PARTY AND HELD FOR RESALE BY THE DEBTOR, WHEREVER LOCATED INCLUDING LOCATED AT RACEWAY 6818, 3314 PELHAM PKWY., PELHAM, AL 35124.

| 5. ALTERNATIVE DESIGNATION [if applicable]: | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
|--|-----------------------------|---|-------------------|--------------|-------------|----------------|
| 6. This FINANCING STATEMENT is to be filed [ESTATE RECORDS. Attach Addendum | for record] (or recorded) i | n the REAL 7. Check to REQ [if applicable] [ADDITIONAL | UEST SEARCH REPOR | | All Debtors | Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

20050802000387800 2/3 \$105.00 Shelby Cnty Judge of Probate, AL 08/02/2005 08:09:17AM FILED/CERT

| UCC FINANCING STATE | | JM | | | |
|--|-----------------------------------|--|------------------------------|---------------------------|---------------------------------------|
| FOLLOW INSTRUCTIONS (front and b 9. NAME OF FIRST DEBTOR (1a or | | STATEMENT | | | |
| 9a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| LALANI | KARIM | | | | |
| 10. MISCELLANEOUS: | | | | | |
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| | | | THE ABOVE SPACE | IS FOR FILING OFF | CE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT | FULL LEGAL NAME - insert only | one name (11a or 11b) - do not abbrevia | ate or combine names | | |
| 11a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME KHUDABAKSH | MIDDLE | NAME | SUFFIX |
| LAVJI | | | CTATE | TDOCTAL CODG | COLINITERY |
| 11c. MAILING ADDRESS 2214 DELLIANA DELIMANA | | PELHAM | STATE | POSTAL CODE 35124 | COUNTRY |
| 3314 PELHAM PKWY. 11d. TAX ID #: SSN OR EIN ADD'L INFO | RE 11e. TYPE OF ORGANIZATI | | | GANIZATIONAL ID #. if a | |
| ORGANIZAT DEBTOR | | | | | NONE |
| 12. ADDITIONAL SECURED PAI | RTY'S or ASSIGNOR | S/P'S NAME - insert only <u>one</u> name (| 12a or 12h) | | INCINL |
| 12a. ORGANIZATION'S NAME | | On Charle moder only <u>one</u> name (| | | |
| | | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | | |
| 12c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filir | as-extra | acted 16. Additional collateral descrip | tion: | | |
| 14. Description of real estate: | rig. | | | | |
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| 15. Name and address of a RECORD OWN | ER of above-described real estate | | | | |
| (if Debtor does not have a record interest | | | | | |
| | | | | | |
| | | 17. Check only if applicable and | check only one box. | | |
| | | Debtor is a Trust or Tr | ustee acting with respect to | property held in trust or | Decedent's Estate |
| | | 18. Check only if applicable and | check only one box. | | |
| | | Debtor is a TRANSMITTING | UTILITY | | |
| | | Filed in connection with a M | anufactured-Home Transactio | n — effective 30 years | |
| | | Filed in connection with a P | ublic-Finance Transaction — | effective 30 years | · · · · · · · · · · · · · · · · · · · |

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| FOLLOW INSTRUCTIONS (front and back) | | | | | | |
|---|---------------------------------------|--|------------------------|----------|--------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) O | N RELATED FINANCING ST | ATEMENT | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | |
| OR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| LALANI | KARIM | | | | | |
| 10. MISCELLANEOUS: | | | | | | |
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| | | | THE ABOVE S | SPACE | IS FOR FILING OFFI | CE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULI | _ LEGAL NAME - insert only one | name (11a or 11b) - do not abbrev | viate or combine names | | | |
| 11a. ORGANIZATION'S NAME | | | | | | |
| OR 11b. INDIVIDIJAL'S LAST NAME | | FIRST NAME | | MIDDLE | NIA NACC | SUFFIX |
| LAVJI | | PARVEEN | | VIIDUEE | INAIVIE: | SUFFIX |
| 11c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3314 PELHAM PKWY. | | PELHAM | | AL | 35124 | US |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGA | NIZATION 1 | l1g. OR | GANIZATIONAL ID #. if a | iny |
| DEBTOR | | | | | | NON |
| 12. ADDITIONAL SECURED PARTY: 12a. ORGANIZATION'S NAME | S or ASSIGNOR S/P'S | S NAME - insert only <u>one</u> name | (12a or 12b) | | | |
| | | | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | <u></u> | MIDDLE | NAME | SUFFIX |
| | | | | | | |
| 12c. MAILING ADDRESS | · · · · · · · · · · · · · · · · · · · | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | | |
| 13. This FINANCING STATEMENT covers time | ber to be cut or as-extracted | 16. Additional collateral descri | ption: | | | |
| collateral, or s filed as a fixture filing. 14. Description of real estate: | | | | | | |
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| 15. Name and address of a RECORD OWNER of a (if Debtor does not have a record interest): | ibove-described real estate | | | | | |
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| | | 17 Cia a all a a di a a l'a a l'a a l'a | 1 1 6 | | | |
| | | 17. Check only if applicable an Debtor is a Trust or T | | | | |
| | | 18. Check only if applicable an | | ect to p | roperty held in trust or | Decedent's Estate |
| | | Debtor is a TRANSMITTING | | | | |
| | | Filed in connection with a N | | nsaction | – effective 30 years | |
| | | Filed in connection with a F | | | | |