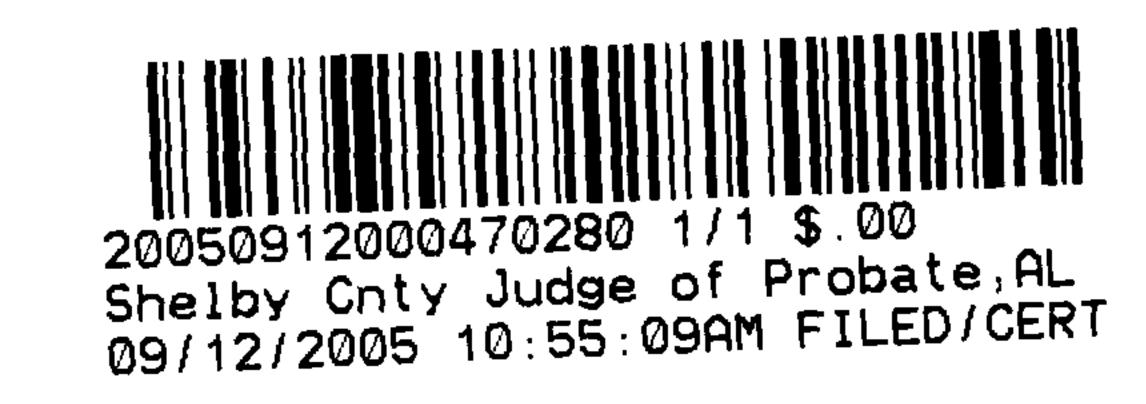
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UCC FINANCING STATEMENT AMENDMEN				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
Diligenz, Inc. 1-800-858-5294				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
14726274				
Prepared By:				
Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400				
Mukilteo, WA 98275				
Filed In: Alabam	a Shelby			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP		S FINANCING STATEMEN	
2000-02682 1/26/2000	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2. X TERMINATION: Effectiveness of the Financing Statement identified above is				
3. CONTINUATION: Effectiveness of the Financing Statement identified above			<u> </u>	
continued for the additional period provided by applicable law.				
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb		one of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in its CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name		name: Complete item 7a or 71	
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also	complete items 7e-7g (if applic	able).
6a. ORGANIZATION'S NAME				
OR CE INDIVIDUAL'S LAST MANAGE	<u></u>			
66. INDIVIDUAL'S LAST NAME SANCHEZ-HERNANDEZ	FIRST NAME	MIDDLE	NAME	SUFFIX
	OLGA	Μ.		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u></u>	 		
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a. OR0	SANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR	11.00/(102/07/07/07/		, , , , , , , , , , , , , , , , , , ,	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				NONE
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		•		by a Debtor which
and the contract of the contra		BIOR auth	orizing this Amendment	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of DE			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME SOUTHTRUST BANK, NA	by a Debtor, check here and enter name of DE			
9a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE		SUFFIX
9a. ORGANIZATION'S NAME SOUTHTRUST BANK, NA				SUFFIX