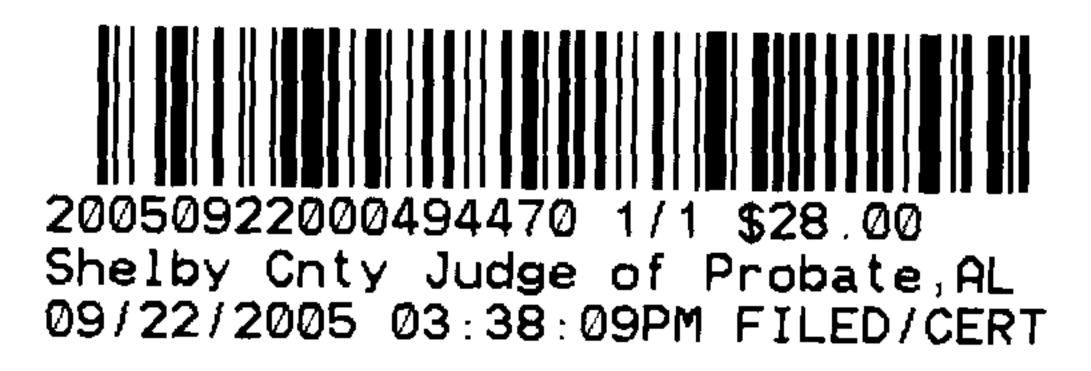
	8			
*		 	 	



UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	NT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Michele Smith (205) 803-5884 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Bank of Alabama			
P. O. Box 59587			
Birmingham, AL 35209			
	THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 2001-01520		1b. This FINANCING STATEMENT	AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of t	REAL ESTATE RECORDS. he Secured Party authorizing this Termination	
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give name	of assignor in item 0	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information is CHANGE name and/or address: Give current record name in item 6a or 6b; a	n items 6 and/or 7.		7
name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:	placed in item 7c. DELETE name: Give record name: ge) in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a item 7c; also complete items 7c	or 76, and also d-7g (if applicable).
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lumpkin	Edwin	Brooks	Jr.
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COLINITEN
TO THE TO PROPERTY.		STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigne	d.	
CONTINUATION			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT (name of assignor, if this is an Assigni	ment). If this is an Amendment authorized by	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize			
9a. ORGANIZATION'S NAME Bank of Alabama			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10 ODTIONAL EN ED DEEEDENICE DATA			
10. OPTIONAL FILER REFERENCE DATA 61475-Jefferson JOP - Shalland			