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UCC FINANCING STATEMENT AMENDM	ENT	-	•	•	
A. NAME & PHONE OF CONTACT AT FILER [optional] Tonia Rivers (205) 868-4845			• • • • • • • • • • • • • • • • • • •		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	**************************************	•	•		
First Commercial Bank 800 Shades Creek Parkway					
Birmingham, AL 35209		r			
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1a. INITIAL FINANCING STATEMENT FILE #		16.		EMENT AMENDMENT is	
20040126000042830	Shelby County		to be filed [for record] (REAL ESTATE RECOF		
2. X TERMINATION: Effectiveness of the Financing Statement identified at	The state of the s				
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	I above with respect to security interest	(s) of the Secured Party	authorizing this Continua	tion Statement is	
4. 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 assign	nor in item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of reco				
Also check one of the following three boxes and provide appropriate informations. CHANGE name and/or address: Please refer to the detailed instructions.	n in items 6 and/or 7. DELETE name: Give record	name ["]	ADD name: Complete ite	m 7a or 7b, and also	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6i	<u>).</u>	item 7c: also complete ite	ms 7e-7g (if applicable).	
6a. ORGANIZATION'S NAME	*				
OR 66. INDIVIDUAL'S LAST NAME		IA	DLE NAME	SUFFIX	
Rogoff	FIRST NAME Lee		JULE NAME		
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR 76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIF	MIDDLE NAME SUFFIX		
70. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIA	ZATION 7a.	ORGANIZATIONAL ID #,	ifany	
ORGANIZATION DEBTOR				NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			ر پر پر چار در پر بازی بر پر		
Describe collateral deleted or added, or give entire restated col	ateral description, or describe collater	al assigned.	•		
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NAME OF CECIIDED DADTV DECARE ALL TO THE PARTY OF THE					
B. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authority	MENDMENT (name of assignor, if this zed by a Debtor, check here T and en	is an Assignment). If the tername of DEBTOR a	is is an Amendment authorizing this Amendmen	t.	
8a. ORGANIZATION'S NAME					
OR First Commercial Bank 96. INDIVIDUAL'S LAST NAME		مقد مقال دان مناف فرسان ارس در بر بران می در برای می در			
BD. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDE	DLE NAME	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA