

| UCC FINANCING STATEMENT AMENDMEN | 1 T | | |
|---|---|---|--------------------------|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| Ann Moore | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| Compass Bank | | | |
| 4958 Valleydale Road, Suite 101 | | | |
| Birmingham, Al. 35242 | | | |
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| | THE ABOVE S | SPACE IS FOR FILING OFFICE U | ISE ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE # | | 1b. This FINANCING STATEME | ENT AMENDMENT is |
| 20050204000058840 | | to be filed [for record] (or re REAL ESTATE RECORDS. | corded) in the |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above it | is terminated with respect to security interest(s) of the | he Secured Party authorizing this Termi | ination Statement. |
| CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law. | ove with respect to security interest(s) of the Secu | red Party authorizing this Continuation | Statement is |
| | | | |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and | | | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects De | | y one of these two boxes. | |
| Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also | | ame CTI ADD name: Complete iten | n 7a or 7h, and also |
| name (if name change) in item 7a or 7b and/or new address (if address change | e) in item 7c. to be deleted in item 6a or 6b. | ame ADD name: Complete iten item 7c; also complete iten | ns 7d-7g (if applicable) |
| 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | | <u> </u> | |
| Thornton Construction Company, Inc. | | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| | | | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| | | | |
| d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if ar | ny |
| DEBTOR | | | NONE |
| 3. AMENDMENT (COLLATERAL CHANGE): check only one box. | ****** | | |
| Describe collateral deleted or added, or give entire restated collater | ral description, or describe collateralassigne | ed. | |
| PARTIAL | | | |
| | | | |
| | | | |
| Lot 63, according to the subdivision plat of Holland Lake | es, Sector 1, as recorded in Map Bo | ook 34, Page 85 in the Pro | bate Office of |
| Shelby County, Alabama. | | | |
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| | | | |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM | FNDMENT (name of assignor, if this is an Assignor | mont). If this is an Amandment authoriz | od by a Dobtor which |
| adds collateral or adds the authorizing Debtor, or if this is a Termination authorized | | EBTOR authorizing this Amendment. | ed by a Debior Which |
| 9a. ORGANIZATION'S NAME | | | |
| Compass Bank | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 0. OPTIONAL FILER REFERENCE DATA | | | |
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