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Shelby Cnty Judge of Probate, AL  
05/08/2006 10:11:47AM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Tom McHugh 800 301 3515 ext. 5166	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Regions Bank P.O. Box 4423 Bridgeton, MO 63044	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE# 2001-27540 (7-3-2001)				1b. This FINANCING STATEMENT AMENDMENT is <input type="checkbox"/> to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.					
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.									
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law									
4. <input type="checkbox"/> 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 assignor in item 9									
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following <u>three boxes</u> and provide appropriate information in items 6 and/or 7 <input type="checkbox"/> CHANGE name and/or address Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c <input type="checkbox"/> DELETE name Give record name to be deleted in item 6a or 5b. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and also item 7c, also complete items 7d-7g (if applicable).									
6. CURRENT RECORD INFORMATION									
6a ORGANIZATION'S NAME									
OR									
6b INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION.									
7a ORGANIZATION'S NAME									
OR									
7b INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
7c. MAILING ADDRESS		CITY		STATE		POSTAL CODE		COUNTRY	
7d. TAX ID # SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR		7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned									

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment							
9a ORGANIZATION'S NAME Regions Bank							
OR							
9b INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	

10. OPTIONAL FILER REFERENCE DATA  
83501 000000 6121570 Sirote 692-4-729 25527464