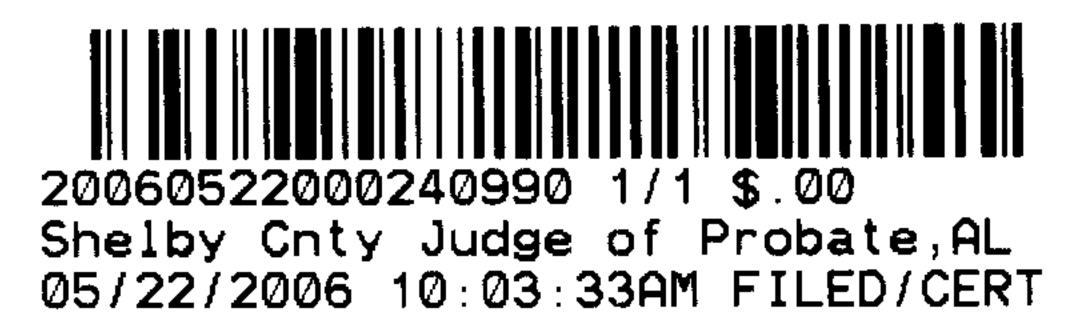
 	 <u> </u>



UCC FINANCING STATEMENT AMENDMEN	IT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY	· · · · · · · · · · · · · · · · · · ·		
A. NAME & PHONE OF CONTACT AT FILER [optional] Tonia Rivers 205-868-4845			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
F			
First Commercial Bank			
800 Shades Creek Parkway			
Birmingham, AL 35209			
	THE ABOVE	SPACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM to be filed [for record] (or	
200304/9516 Shelby County		to be filed [for record] (or REAL ESTATE RECORD:	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of	the Secured Party authorizing this Terr	nination Statement.
3. 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 Sec	ured Party authorizing this Continuation	on Statement is
			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nan	ne of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor <u>or</u> Secured Party of record. Check on	ly 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 name (if name change) in item 7a or 7b and/or new address (if address change)	DELETE name: Give record to be deleted in item 6a or 6b		em 7a or 7b, and also ems 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
United Way Community Food Bank			
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
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
ORGANIZATION ' DEBTOR			·
			NONE
3. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collater	ral description or describe collateral Theseign	ad	
about the factors of factors, or give critical restated contacts	an description, or describe conateral	ieu.	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of assignor, if this is an Assig	nment) If this is an Amendment author	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			
9a. ORGANIZATION'S NAME			
First Commercial Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O OPTIONAL ELLED DECEDENCE DATA			
O. OPTIONAL FILER REFERENCE DATA			
69323249-10			