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Shelby Cnty Judge of Probate, AL  
09/08/2006 12:13:39PM FILED/CERT

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 11467 WACHOVIA BANK

UCC Direct Services  
P.O. Box 29071  
Glendale, CA 91209-9071

9217916  
ALAL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
200209118000449470 09/18/02 CC AL Shelby

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed [for record] (or recorded) in the  
REAL ESTATE RECORDS.

2. ☒ **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. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ **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. ☐ **DELETE** name: Give record name to be deleted in item 6a or 6b. ☐ **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<br>PINSON TEXACO LLC |                            |            |             |        |
| 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. SEE INSTRUCTION     | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
|                         |                                   |                          |                                  |  |

## 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ 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 ☐ and enter name of DEBTOR authorizing this Amendment.

|   |                            |            |             |        |
|---|----------------------------|------------|-------------|--------|
| 9a. ORGANIZATION'S NAME<br>Wachovia Bank, National Association successor in interest to SouthTrust Bank |                            |            |             |        |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|   |                            |            |             |        |

10. OPTIONAL FILER REFERENCE DATA  
9217916 Debtor Name: PINSON TEXACO LLC 05/6384924702 3603/4701201