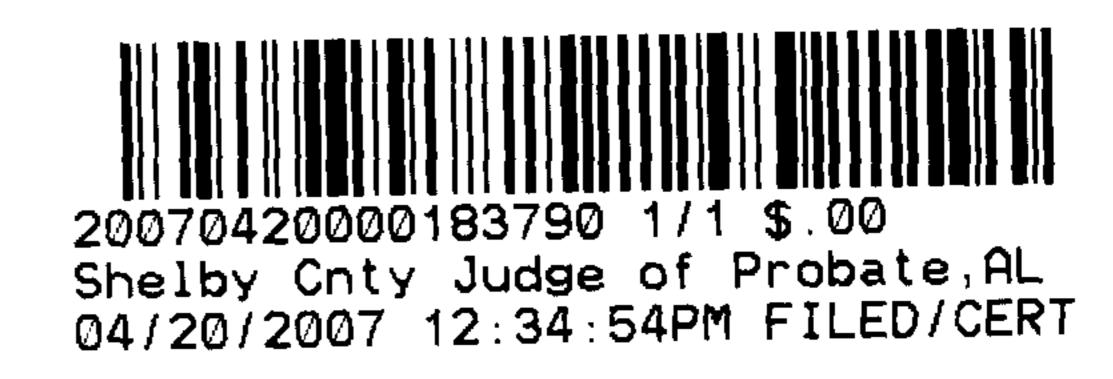
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UCC FINANCING STATEMENT AMEN	DMENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Lynnetta Sunday			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
CapitalSouth Bank			
P. O. Box 59587			
Birmingham, AL 35209			
1a. INITIAL FINANCING STATEMENT FILE#	THE AE	30VE SPACE IS FOR FILING OFFICE USE 1b. This FINANCING STATEMENT	
20030801000498810		to be filed [for record] (or record REAL ESTATE RECORDS.	
2. X TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security interes		
3. CONTINUATION: Effectiveness of the Financing Statement			
continued for the additional period provided by applicable law.	······································		
4. ASSIGNMENT (full or partial): Give name of assignee in item			
5. AMENDMENT (PARTY INFORMATION): This Amendment a		eck only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in iter CHANGE name and/or address: Give current record name in iter	n 6a or 6b: also give new [77] DELETE name: Give r	record name	or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if action of the country of the count	ddress change) in item 7cto be deleted in item 6	a or 6b. <u>item 7c; also complete items 7</u>	d-7g (if applicable).
6a. ORGANIZATION'S NAME	· 		
OR (1) (
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
BANK OF ALABAMA			
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 7e. TYPE OF ORGA			
ORGANIZATION	NIZATION 7f. JURISDICTION OF ORGANIZATION	N 7g. ORGANIZATIONAL ID #, if any	—
8. AMENDMENT (COLLATERAL CHANGE): check only one bo			NONE
Describe collateral deleted or added, or give entire re-		assigned	
		assignou.	
TERMINATION			
			•
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	IG THIS AMENDMENT (name of assignor, if this is ar	n Assignment). If this is an Amendment authorized l	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Terminat 9a. ORGANIZATION'S NAME	ion authorized by a Debtor, check here and enter nai	me of DEBTOR authorizing this Amendment.	
CapitalSouth Bank f/k/a Bank of A	labama		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
LOAN NUMBER 62789 JOP-SHEL	BY CNTY		