

JCC FINANICING OI	ATEMENTAMENDMEN	T	Shelby Cnty 08/20/2007 0	Judge of Probate, AL 8:34:42AM FILED/CER
OLLOW INSTRUCTIONS (front A. NAME & PHONE OF CONTA	· · · · · · · · · · · · · · · · · · ·			
Susan Rixey 205-297-30	083			
B. SEND ACKNOWLEDGMENT	TO: (Name and Address)			
Compass Bank				
4958 Valleydale R	coad			
Suite 101				
Hoover, AL 35242	2-4614			*
<u></u>		THE ABOVE SPA	CE IS FOR FILING OF	FICE USE ONLY
a. INITIAL FINANCING STATEMENT	T FILE#		1b. This FINANCING S	TATEMENT AMENDMENT is
20041013000566160			to be filed [for reco	d) (or recorded) in the CORDS.
2. TERMINATION: Effectivend	ess of the Financing Statement identified above is	terminated with respect to security interest(s) of the S		
	eness of the Financing Statement identified aboveriod provided by applicable law.	e with respect to security interest(s) of the Secured	Party authorizing this Cont	inuation Statement is
·	· · · · · · · · · · · · · · · · · · ·	ddress of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFO	RMATION): This Amendment affects Deb	otor or Secured Party of record. Check only on	e of these two boxes.	
	ee boxes and provide appropriate information in it			
CHANGE name and/or address name (if name change) in item	s: Give current record name in item 6a or 6b; also 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name in item 7c. to be deleted in item 6a or 6b.	ADD name: Comp	lete item 7a or 7b, and also lete items 7d-7g (if applicable).
CURRENT RECORD INFORMA				
6a. ORGANIZATION'S NAME				
B. Hulsey Company, I		· · · · · · · · · · · · · · · · · · ·		
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
			<u> </u>	
7. CHANGED (NEW) OR ADDED I	INFORMATION:		. .	
7a. ORGANIZATION'S NAME				
	 	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME				
7b. INDIVIDUAL'S LAST NAME				
76. INDIVIDUAL'S LAST NAME		CITY	STATE POSTAL COD	E COUNTRY
76. INDIVIDUAL'S LAST NAME		CITY	STATE POSTAL COD	COUNTRY
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	'L INFO RE 7e. TYPE OF ORGANIZATION	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL COD	
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION			D #, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR			
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 8. AMENDMENT (COLLATERA	L'L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR L CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION		D #, if any
7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEBTER 8. AMENDMENT (COLLATERA	L'L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR L CHANGE): check only one box.			D #, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ORG ORG DEBT 8. AMENDMENT (COLLATERA Describe collateral deleted or	TL INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR TOR L CHANGE): check only one box. r added, or give entire restated collatera	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or Cartial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or Partial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or Partial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 3. AMENDMENT (COLLATERA Describe collateral deleted or Cartial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 3. AMENDMENT (COLLATERA Describe collateral deleted or Cartial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 3. AMENDMENT (COLLATERA Describe collateral deleted or Cartial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD ORG DEB 3. AMENDMENT (COLLATERA Describe collateral deleted or Cartial Release) Lot 23 &	L INFO RE 7e. TYPE OF ORGANIZATION SANIZATION TOR 1. CHANGE): check only one box. To added, or give entire restated collaterates. 24, according to the Survey of	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL I	D#, if any
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADDRESS B. AMENDMENT (COLLATERA Describe collateral deleted or (Partial Release) Lot 23 & Office of Shelby County,	LINFORE 7e. TYPE OF ORGANIZATION GANIZATION TOR LICHANGE): check only one box. Tore T	7f. JURISDICTION OF ORGANIZATION	p Book 36, Page 4	D#, if any NONE
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or Office of Shelby County, 9. NAME OF SECURED PART adds collateral or adds the authoriz	TE INFO RE 7e. TYPE OF ORGANIZATION GANIZATION TOR	7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigned. Greenbriar Place, as recorded in Ma	p Book 36, Page 4	D#, if any NONE none authorized by a Debtor which
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ORG DEB* 8. AMENDMENT (COLLATERA Describe collateral deleted or deleted or deleted of Shelby County, 9a. ORGANIZATION'S NAME	TE INFO RE 7e. TYPE OF ORGANIZATION GANIZATION TOR	7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigned. Greenbriar Place, as recorded in Ma	p Book 36, Page 4	D#, if any NONE
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or Office of Shelby County, 9a. ORGANIZATION'S NAME Compass Bank	EL INFO RE 7e. TYPE OF ORGANIZATION GANIZATION GANIZATION TOR L CHANGE): check only one box. T added, or give entire restated collaterates. 24, according to the Survey of Alabama.	7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigned. Greenbriar Place, as recorded in Ma	p Book 36, Page 4	D#, if any NONE none authorized by a Debtor which
76. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ORG DEB 8. AMENDMENT (COLLATERA Describe collateral deleted or CPartial Release) Lot 23 & Office of Shelby County, 9. NAME OF SECURED PART adds collateral or adds the authoriz pa. ORGANIZATION'S NAME	EL INFO RE 7e. TYPE OF ORGANIZATION GANIZATION GANIZATION TOR L CHANGE): check only one box. T added, or give entire restated collaterates. 24, according to the Survey of Alabama.	7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigned. Greenbriar Place, as recorded in Ma	p Book 36, Page 4	D#, if any NONE none authorized by a Debtor which