

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Kathy Morgan (205) 868-4895 B. SEND ACKNOWLEDGMENT TO: (Name and Address) First Commercial Bank P.O. Box 11746 Birmingham, AL 35202 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. 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. 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. 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. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor pt 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 8 and/or 7. Ochange name and/or address; Give current record name in item 3a or 8b; also give new or and the full mane canage in item 7a; also complete item 7a or 7b, and all full mane canage in item 7a; also complete item 7a; as on complete items 7d/7g (if applied and the parting of the full of the address of the full mane canage in item 7a; also complete items 7d/7g (if applied and the parting of the full of the address	
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OR 6b. INDIVIDUAL'S LAST NAME SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OR 7b. INDIVIDUAL'S LAST NAME SUFFIX	
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR	ίΥ
ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION	
DEBTOR	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	
Continuation 20030509000289170	
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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 w	hich
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	
First Commercial Bank	
9b. INDIVIDUAL'S LAST NAME SUFFIX	
10. OPTIONAL FILER REFERENCE DATA	
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