

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>CSC Diligenz, Inc. 1-800-858-5294                                                               |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>31847883<br>CSC Diligenz, Inc.<br>6500 Harbour Heights Pkwy, Suite 400<br>Mukilteo, WA 98275 |  |
| Filed In: Alabama Shelby                                                                                                                          |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
04-0067495 01/28/2004

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 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 item 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: Please refer to the detailed instructions in regards to changing the name/address of a party.

☐ **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 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

|                         |                            |            |             |        |
|-------------------------|----------------------------|------------|-------------|--------|
| 6a. ORGANIZATION'S NAME |                            |            |             |        |
| OR                      | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|                         | SCHRADER                   | CARL       |             |        |

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. <b>SEE INSTRUCTIONS</b> | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any |
|                             |                                   |                          |                                  | <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       |                            |            |             |        |
| REGIONS BANK FKA AmSouth Bank |                            |            |             |        |
| OR                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|                               |                            |            |             |        |

10. **OPTIONAL FILER REFERENCE DATA**

001-725-193000209380 CARL SCHRADER CB

31847883