

| 20080912000362980 1/1 \$28.00    |
|----------------------------------|
| Shelby Cnty Judge of Probate, AL |
| 09/12/2008 12:57:39PM FILED/CFR  |

|  |  |   | She<br>09/        | lby Cnty Judge of<br>12/2008 12:57:39PM                | Probate,AL<br>¶ FILED/CER |
|--|--|---|-------------------|--|---------------------------|
|  |  |   |                   |  |                           |
|  | STATEMENTAMENDMEN  | T   |                   |  |                           |
|  | (front and back) CAREFULLY  NTACT AT FILER [optional]  |   |                   |  |                           |
| Kathy Morgan (205)   | 868-4895   |   |                   |  |                           |
| B. SEND ACKNOWLEDGN  | IENT TO: (Name and Address)  |   |                   |  |                           |
| First Commerc  | cial Bank  |   |                   |  |                           |
| P O Box 1174   |  |   |                   |  |                           |
| Birmingham, A  | AL 35202   |   |                   |  |                           |
|  |  |   |                   |  |                           |
| •  |  |   |                   |  |                           |
|  |  | THE ABOVE SE  | ACE IS FO         | R FILING OFFICE USE                                    | ONLY                      |
| 1a. INITIAL FINANCING STATE  | MENT FILE #  |   | 1b. Thi           | s FINANCING STATEMENT                                  | AMENDMENT is              |
| 1999-09060 JOP S   |  |   | RE.               | pe filed [for record] (or record<br>AL ESTATE RECORDS. |                           |
|  | ctiveness of the Financing Statement identified above is   |   |                   |  |                           |
| 4 7  | fectiveness of the Financing Statement identified about nall period provided by applicable law.  | ve with respect to security interest(s) of the Secure | d Party auth      | orizing this Continuation Sta                          | tement is                 |
| 4. ASSIGNMENT (full or   | partial): Give name of assignee in item 7a or 7b and a   | address of assignee in item 7c; and also give name of | of assignor in    | item 9.  |                           |
| 5. AMENDMENT (PARTY  | INFORMATION): This Amendment affects Det   | otor or Secured Party of record. Check only of        | one of these      | two boxes.   |                           |
|  | ng three boxes <u>and</u> provide appropriate information in it<br>ddress: Give current record name in item 6a or 6b; also   |   | νο <b>Γ΄</b> ΔΓ   | DD name: Complete item 7a                              | or 7h, and also           |
| name (if name change) i  | n item 7a or 7b and/or new address (if address change)   | in item 7c. Lo be deleted in item 6a or 6b.           |                   | m 7c; also complete items 7                            |                           |
| 6. CURRENT RECORD INFO   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |   | <del></del>       | ······································                 | <del> </del>              |
| American Wallzon   | 1 1 V  |   |                   |  |                           |
| OR 6b. INDIVIDUAL'S LAST N   | IAME   | FIRST NAME  | MIDDLE            | NAME   | SUFFIX                    |
| 7 (21) A \$1(2) (EE) (\$1(E) (A) (A) (A)   | ENTERNAL AND CONTRACTOR AND CONTRACT |   |                   |  |                           |
| <ol> <li>CHANGED (NEW) OR AD<br/>7a. ORGANIZATION'S NA</li> </ol>  |  |   | <u></u>           |  | <del></del>               |
| OR   |  |   |                   |  |                           |
| 7b. INDIVIDUAL'S LAST N  | IAME   | FIRST NAME  | MIDDLE NAME       |  | SUFFIX                    |
| 7c. MAILING ADDRESS  |  | CITY  | STATE POSTAL CODE |  | COUNTRY                   |
| TOT WE VICE TO BE TO COLOR CO.   |  |   | , , , , ,         | . 001741 0001  |                           |
|  | ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION  | 7f. JURISDICTION OF ORGANIZATION                      | 7g. ORG           | ANIZATIONAL ID #, if any                               |                           |
|  | DEBTOR   |   |                   |  | ł                         |
|  | DEBTOR   |   |                   |  | NON                       |
| •  | ERAL CHANGE): check only <u>one</u> box.   |   |                   |  | NON                       |
| •  |  | al description, or describe collateral assigned       |                   |  | NON                       |
| •  | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Describe collateral dele   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  | al description, or describe collateral assigned       |                   |  | NON                       |
| Continuation 1999-09   | ERAL CHANGE): check only <u>one</u> box.  ted or added, or give entire restated collaters  9060  |   |                   |  |                           |
| Continuation 1999-09   | ERAL CHANGE): check only one box.  ted or added, or give entire restated collaters  9060  PARTY OF RECORD AUTHORIZING THIS AME   | ENDMENT (name of assignor, if this is an Assignm      | ent). If this is  |  |                           |
| Continuation 1999-09   | ERAL CHANGE): check only one box.  ted or added, or give entire restated collaterated of the collaterated  | ENDMENT (name of assignor, if this is an Assignm      | ent). If this is  |  |                           |
| Describe collateral dele  Continuation 1999-09  9. NAME OF SECURED F adds collateral or adds the act 9a. ORGANIZATION'S NA  First Commercial | ERAL CHANGE): check only one box.  ted or added, or give entire restated collaters  9060  PARTY OF RECORD AUTHORIZING THIS AME  of thorizing Debtor, or if this is a Termination authorized I  | ENDMENT (name of assignor, if this is an Assignm      | ent). If this is  |  |                           |
| Describe collateral dele  Continuation 1999-0  9. NAME OF SECURED F  adds collateral or adds the act  9a. ORGANIZATION'S NA                  | ERAL CHANGE): check only one box.  ted or added, or give entire restated collaters  9060  PARTY OF RECORD AUTHORIZING THIS AME  thorizing Debtor, or if this is a Termination authorized I   | ENDMENT (name of assignor, if this is an Assignm      | ent). If this is  | orizing this Amendment.                                | y a Debtor which          |