
20081222000472750 1/1 \$.00
Shelby Cnty Judge of Probate, AL
12/22/2008 12:26:16PM FILED/CERT

LICC EINIANCINIC CTATEMENT ANDENION				
UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Mary Jane Barnette (205)803-5835				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Canital South Bank				
CapitalSouth Bank				
f/n/a Bank of Alabama				
P. O. Box 59587				
Birmingham, AL 35209				
<u></u>				
1a. INITIAL FINANCING STATEMENT FILE #	THEA		HIS FINANCING STATEME	
20080311000099930		t	o be filed [for record] (or rec REAL ESTATE RECORDS.	corded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security inter-	est(s) of the Secured	Party authorizing this Termin	nation Statement
3. CONTINUATION: Effectiveness of the Financing Statement identifi	ed above with respect to security interest(s) of	the Secured Party au	thorizing 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 7		give name of assignor	in item 9,	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		heck only <u>one</u> of thes	se two boxes.	
Also check one of the following three boxes and provide appropriate information of CHANGE name and/or address: Give current record name in item 6a or	6h: also dive seve	record name	ADD name: Complete item	7a or 7b and also
name (if name change) in item 7a or 7b and/or new address (if address of 6. CURRENT RECORD INFORMATION:	change) in item 7c. to be deleted in item (item 7c; also complete item	ns 7d-7g (if applicable)
6a. ORGANIZATION'S NAME		 		
Direct Scaffold & Ladder Company, Ir	1C.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S LAST NAME	TIDOT MANAGE	T. "-:		
TO. HADIVIDONE S EAST NAIVIC	FIRST NAME	MIDDL	E NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		31/11	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ON 7f. JURISDICTION OF ORGANIZATIO	N 7g. Of	RGANIZATIONAL ID #, if an) Y
ORGANIZATION DEBTOR				. III
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				NONE
Describe collateral deleted or added, or give entire restated of	ollateral description, or describe collateral	assigned.		
	•			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THE	S AMENDMENT (name of assignor, if this is a	n Assignment) Kithis	is an Amandmant authorize	ad by a Cabtary dieb
adds collateral or adds the authorizing Debtor, or if this is a Termination auth	orized by a Debtor, check here and enter na	ame of DEBTOR aut	horizing this Amendment.	ed by a Debtor Which
9a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
CapitalSouth Bank f/n/a Bank of Alaba				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
O ODTIONAL CUITO DECENSIONE : -				
170601 170602 170603				
170601, 170602, 170603				