UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Prepared by Aaron B. Thomas (205) 581-6218 B. SEND ACKNOWLEDGMENT TO: (Name and Address)

200903180000099370 1/1 \$28.00 Shelby Cnty Judge of Probate,AL 03/18/2009 10:39:42AM FILED/CERT

		THE ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
INITIAL FINANCING STATEMENT FILE #	202402000000000000000000000000000000000	1b. This FINANCING ST	ATEMENT AMENDMEN i) (or recorded) in the
1999-37486 on 9/7/1999 last continued at		REAL ESTATE REC	ORDS.
TERMINATION: Effectiveness of the Financing Stateme			
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		st(s) of the Secured Party authorizing this Conti	nuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in	n item 7a or 7b and address of assignee in item 7c; ar	nd also give name of assignor in item 9.	
MENDMENT (PARTY INFORMATION): This Amenda	nent affects Debtor or Secured Party of re	cord. Check only <u>one</u> of these two boxes.	
also check <u>one</u> of the following three boxes <u>and</u> provide approp			
CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address		ne: Give record name ADD name: Completin item 7c; also complete.	ete item 7a or 7b, and als ete items 7d-7g (if applic
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME Baker Foods, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
TAY ID 4. CON OD EIN TADDILINEO DE 17. TYDE OF O	ORGANIZATION 7f. JURISDICTION OF ORGAN	VIZATION 7g. ORGANIZATIONAL ID	#, if any
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF O			Г7.
ORGANIZATION '			
ORGANIZATION DEBTOR	one box.		
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