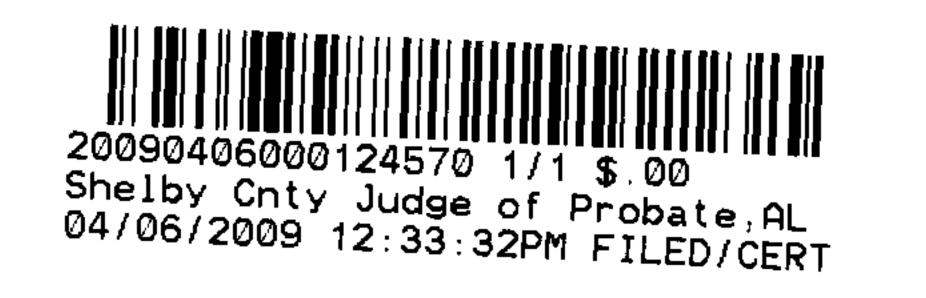
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UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Verna De Arman 800 239-5909 X639			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alabama Community Development Corporation 117 Southcrest Dr, Ste 100 Birmingham, AL 35209			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	NLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT A	
1999-15777		to be filed [for record] (or records REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	ecured Party authorizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured in	Party authorizing this Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of a	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor or Secured Party of record. Check only one	e of these two boxes.	
Also check one of the following three boxes and provide appropriate information in its		ADD name: Complete item 7a o	r 7h and also
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7d-	7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
Wainwright, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FINSTINAME		
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7Q. MAILING ADDITIOO			
ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral	I description, or describe collateralassigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by			a Debtor which
9a. ORGANIZATION'S NAME			
U. S. Small Business Administration			· -
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		<u></u>	<u> </u>
CDC 167 534 4006 VIP Personnel 504 0498			