

**STATE OF LOUISIANA
UNIFORM COMMERCIAL CODE - AMENDMENT
UCC-3**

Important - Read instructions Before Completing Form



20100219000050670 1/1 \$28.00
Shelby Cnty Judge of Probate, AL
02/19/2010 01:27:13 PM FILED/CERT

FOLLOW INSTRUCTIONS (FRONT AND BACK CAREFULLY)

1. Initial Financing Statement File # 20061228000630880
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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c
- ☐ **DELETE** name: Give record name to be deleted in item 8a or 8b
- ☐ **ADD** name: Complete item 7a or 7b and item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a Organization's Name		
OR		
6b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III, if applicable)	First Name	Middle Name

7. CHANGED (NEW) OR ADDED INFORMATION:

7a Organization's Name IBERIABANK				
OR				
7b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III, if applicable)	First Name	Middle Name		
7c Mailing Address 200 WEST CONGRESS STREET	City LAFAYETTE	State LA	Postal Code 70501	Country USA
7d Tax ID #: SSN or EIN	Add'l info re Organization:	7e Type of Organization	7f Jurisdiction of Organization	7g Organization ID if any <div style="text-align: right;">None <input type="checkbox"/></div>

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 or 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 FEDERAL DEPOSIT INSURANCE CORPORATION, RECEIVER OF CAPITALSOUTH BANK, BIRMINGHAM, ALABAMA		
OR		
9b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III), if applicable)	First Name	Middle Name

10. OPTIONAL FILER REFERENCE DATA

11. NAME AND PHONE OF CONTACT AT FILER (optional)

12. SEND ACKNOWLEDGMENT TO: (Name and Address)

IBERIABANK
P. O. BOX 12440
NEW IBERIA, LA 70562

The above space is for filing office use only