



20101116000383430 1/3 \$481.00  
Shelby Cnty Judge of Probate, AL  
11/16/2010 10:45:29 AM FILED/CERT

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>CRAIG J CARLSON</b>  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>BRANCH BANKING AND TRUST COMPANY<br/>NASHVILLE - COMMERCIAL LOANS<br/>700 12TH AVENUE SOUTH<br/>NASHVILLE, TN 37203<br/>ATTN: CRAIG J CARLSON</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|  |                                   |  |   |  |
|--|-----------------------------------|--|---|--|
| 1a. ORGANIZATION'S NAME<br><b>WISER COMPANY LLC</b>            |                                   |  |   |  |
| OR   |                                   |  |   |  |
| 1b. INDIVIDUAL'S LAST NAME                                     |                                   | FIRST NAME                             | MIDDLE NAME                                   | SUFFIX   |
|  |                                   |  |   |  |
| 1c. MAILING ADDRESS<br><b>237 W NORTHFIELD BLVD, SUITE 200</b> |                                   | CITY<br><b>MURFREESBORO</b>            | STATE<br><b>TN</b>                            | POSTAL CODE<br><b>37129</b>                                      |
|  |                                   |  |   | COUNTRY<br><b>USA</b>  |
| 1d. TAX ID #: SSN OR EIN                                       | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br><b>LLC</b> | 1f. JURISDICTION OF ORGANIZATION<br><b>TN</b> | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                            |                                   |                          |                                  |  |
|----------------------------|-----------------------------------|--------------------------|----------------------------------|--|
| 2a. ORGANIZATION'S NAME    |                                   |                          |                                  |  |
| OR                         |                                   |                          |                                  |  |
| 2b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX   |
|                            |                                   |                          |                                  |  |
| 2c. MAILING ADDRESS        |                                   | CITY                     | STATE                            | POSTAL CODE  |
|                            |                                   |                          |                                  | COUNTRY  |
| 2d. TAX ID #: SSN OR EIN   | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|  |  |                          |                    |                             |
|--|--|--------------------------|--------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME<br><b>BRANCH BANKING AND TRUST COMPANY</b> |  |                          |                    |                             |
| OR   |  |                          |                    |                             |
| 3b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME               | MIDDLE NAME        | SUFFIX                      |
|  |  |                          |                    |                             |
| 3c. MAILING ADDRESS<br><b>700 12TH AVENUE SOUTH</b>                |  | CITY<br><b>NASHVILLE</b> | STATE<br><b>TN</b> | POSTAL CODE<br><b>37203</b> |
|  |  |                          |                    | COUNTRY<br><b>USA</b>       |

4. This FINANCING STATEMENT covers the following collateral:

Goods, including all Fixtures and Timber to be cut, specifically described as follows:

- All FF&G at newly constructed office space located at 1200 Corporate Drive, Hoover, AL 37242;
- All of the Debtor's now owned and hereafter acquired and wherever located Equipment, including all Accessions thereto, and all manufacturer's warranties, parts and tools therefor.

General intangibles, including all Payment Intangibles, copyrights, trademarks, patents, tradenames, tax refunds, company records (paper and electronic), rights under equipment leases, warranties, software licenses.

Supporting Obligation;

to the extent not listed above as original collateral, all proceeds (cash and non-cash) and products of the foregoing.

NOTICE - PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO GRANT SUBSEQUENT SECURITY INTERESTS IN THE COLLATERAL DESCRIBED HEREIN.

\* Maximum principal indebtedness for Alabama recording tax purposes \$ 300,000.00

|   |   |  |  |                                       |                                   |   |
|---|---|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION [if applicable]:   | <input type="checkbox"/> LESSEE/LESSOR  | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] |  | <input type="checkbox"/> All Debtors   |                                       | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA  |   |  |  |                                       |                                   |   |

9631466343

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                         |                            |            |                     |
|-------------------------|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME | WISER COMPANY LLC          |            |                     |
| OR                      | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                           |                                   |                           |                                   |                                  |
|---------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| 11a. ORGANIZATION'S NAME  |                                   |                           |                                   |                                  |
| OR                        | 11b. INDIVIDUAL'S LAST NAME       | FIRST NAME                | MIDDLE NAME                       | SUFFIX                           |
| 11c. MAILING ADDRESS      | CITY                              |                           | STATE                             | POSTAL CODE                      |
| 11d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
|                           |                                   |                           |                                   | <input type="checkbox"/> NONE    |

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                          |                             |            |             |             |
|--------------------------|-----------------------------|------------|-------------|-------------|
| 12a. ORGANIZATION'S NAME |                             |            |             |             |
| OR                       | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX      |
| 12c. MAILING ADDRESS     | CITY                        |            | STATE       | POSTAL CODE |
|                          |                             |            |             | COUNTRY     |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

Lot 1, according to the Map and Survey of Meadow Brook Corporate Park South, Phase I, recorded in Map Book 11, Page 72 in the Probate Office of Shelby County, Alabama (copy attached).

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

MEADOWBROOK OFFICE, LLC  
1200 CORPORATE DRIVE  
HOOVER, AL 35242

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years





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Initial CW  
Cyrus W. Wiser, Jr.



Map Books 11 (Aug 92) Sealed Case

