UCC FINANCING STATEMENT AMENDMEN					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	•				
A. NAME & PHONE OF CONTACT AT FILER [optional]			30116000 30116000	0022990 1/1 \$.00	
Debbie Marshburn / 205-521-8564	 	She	lby Cnty	Judge of Probate,	AL
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		U17	16/2013	03:28:26 PM FILED/	CERT
Bradley Arant Boult Cummings LLP Attn.: Debbie Marshburn					
One Federal Place					
1819 Fifth Avenue North					
Birmingham, Alabama 35203					
	!				
<u> </u>		THE ABOVE SPA	CE IS EO	R FILING OFFICE USE	ONI Y
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE STA		FINANCING STATEMENT	
20021122000586360 / Shelby County, Alabama / Date	Filed: 11/22/	2002		e filed [for record] (or record AL ESTATE RECORDS.	ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is					n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.					
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee	n item 7c; and also give name of	assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor <u>or</u> Secure	d Party of record. Check only o	ne of these	wo boxes.	
Also check one of the following three boxes and provide appropriate information in its					
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.		e: Give record name n item 6a or 6b.		name: Complete item 7a or 7b, a omplete items 7e-7g (if applicat	
6. CURRENT RECORD INFORMATION.					
6a. ORGANIZATION'S NAME			······································	- 1.	
CALERA BOX LLC				·······	
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
7. CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·		
7a. ORGANIZATION'S NAME					
O[S					
76. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
				TEACTIVE ASSE	
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			-	AND A TIONIAL ID H. K.	· · · · · · · · · · · · · · · · · · ·
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. 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 collatera	al description, or de	escribe collateralassigned.			
		-			
*COMMERCIAL MORTGAGE SECURITIES INC.,	COMMERC	HAL MORTGAGE F	PASS-T	HROUGH CERTI	FICATES,
SERIES 2003 TOP 10					
	·· ·····				· , , .
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized. 	-	_	•		y a Debtor which
	by a Debtor, Check r	and enter name of DEB		nzing this Minertament.	
9a. ORGANIZATION'S NAME IL A CLARE TE DIA NUZINIA CULONIA E LA COLOCULA CULONIA.	, fp 4 · · · ·	41 D] <u>_</u>] '	(* TT)	
OR LASALLE BANK NATIONAL ASSOCIATION, as 9b. INDIVIDUAL'S LAST NAME	S Trustee for	the Benefit of the Ho	MIDDLE		SUFFIX
BO. MUDIVIDUAL S LAST NAIVIE	T INST INMINE		IMIDOLE	I ALVIAIC"	JUPPIA
40 ODTIONAL EU EO DESERVICE DATA	<u> </u>			,	<u></u>
10.OPTIONAL FILER REFERENCE DATA					
Loan 753333				·	