

			1-0.00.42:16 P	LLD) OER
	NG STATEMENT AMEND	MENT		
	ONS (front and back) CAREFULLY F CONTACT AT FILER [optional]			
	ice Company 1-800-858-5294			
	DGMENT TO: (Name and Address)			
77038288 -	358370			
Corporation	on Service Company			
•	Stevenson Drive			
+	d, IL 62703			
Фр	_,			
	Filed In: A	labama Shelby		
		THE A	BOVE SPACE IS FOR FILING OFFICE	
a. INITIAL FINANCING ST 200808080003203			1b. This FINANCING STATEN to be filed [for record] (or record) REAL ESTATE RECORDS	
	- · · · · · · · · · · · · · · · · · · ·	ed above is terminated with respect to security intere		
		ntified above with respect to security interest(s) of t		
	dditional period provided by applicable law.	timed above with respect to security interest(s) of t	ine Secured Farty additionizing this Continuation	iii Otaleiileiil is
. ASSIGNMENT (f	ull or partial): Give name of assignee in item 7a o	or 7b and address of assignee in item 7c; and also g	ive name of assignor in item 9.	
. AMENDMENT (PAR	RTY INFORMATION): This Amendment affect	ts Debtor or Secured Party of record. Cl	heck only <u>one</u> of these two boxes.	
	ollowing three boxes <u>and</u> provide appropriate inform			
	or address: Please refer to the detailed instructions og the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if a	or 7b, and also item 7c; pplicable).
. CURRENT RECORD				
6a. ORGANIZATIONS	S NAME VULCAN THREADED P	RODUCTS INC		
R 66. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OF	R ADDED INFORMATION:	<u> </u>		<u> </u>
7a. ORGANIZATION'S			· · · · · · · · · · · · · · · · · · ·	··
7b. INDIVIDUAL'S LA	STNAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
- CEEINGTBUGTIONS	TADDILINICO DE TAL TYDE DE ODOANIZA	TION 75 UIDIODIOTION OF ODG ANIZATIO	N ODCANIZATIONAL ID # :4	
d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	TION 7f. JURISDICTION OF ORGANIZATIO	N 7g. ORGAN!ZATIONAL ID #, if i	<u> </u>
	DEBTOR			NO
` <u></u>	LATERAL CHANGE): check only <u>one</u> box.			
Describe collateral	deleted oradded, or give entirerestate	d collateral description, or describe collateral	assigned.	
NAME OF SECURE	D PARTY of RECORD AUTHORIZING 1	THIS AMENDMENT (name of assignor, if this is a	n Assignment). If this is an Amendment author	ized by a Debtor which
adds collateral or adds t	the authorizing Debtor, or if this is a Termination a	uthorized by a Debtor, check here 🔲 and enter na		_
9a. ORGANIZATION'S	S NAME First Commercial a div S	ynovus Bank		
R OF INDIVIDUALIST A	CT NIABET	FIRSTALLE		<u> </u>
"` 95. INDIVIDUAL'S LA	SINAME	FIRST NAME	MIDDLE NAME	SUFFIX
),OPTIONAL FILER REFE	ERENCE DATA Debtor: VULCAN TH	HREADED PRODUCTS INC		7703828
				/ / U.SAZA