

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Corporation Service Company 1-800-858-5294                                                                                                               |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>81414823 - 330860<br><br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br><br><div>Filed In: Alabama Shelby</div> |  |



20131113000446650 1/3 \$33.00  
Shelby Cnty Judge of Probate, AL  
11/13/2013 12:32:03 PM FILED/CERT

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>20040503000229010 5/3/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |                                                                                                |
| 2. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |                                                                                                                                                     |                                                                                                |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                     |                                                                                                |
| 6a. ORGANIZATION'S NAME AMERICAN CONCRETE PUMPING, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |                                                                                                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME SUFFIX                                                                             |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |                                                                                                |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                     |                                                                                                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME SUFFIX                                                                             |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | CITY                                                                                                                                                | STATE POSTAL CODE COUNTRY                                                                      |
| 7d. SEE INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION                                                                                                                            | 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                     |                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                               |                            |            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|--------------------|
| 9. NAME OF 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                    |
| 9a. ORGANIZATION'S NAME AMSOUTH BANK                                                                                                                                                                                                                                                                                                                          |                            |            |                    |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA Debtor:AMERICAN CONCRETE PUMPING, LLC                                                                                                                                                                                                                                                                                       |                            |            |                    |

81414823

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
20040503000229010 5/3/2004

|                                                                                 |                             |                                |
|---------------------------------------------------------------------------------|-----------------------------|--------------------------------|
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) |                             |                                |
| 12a. ORGANIZATION'S NAME AMSOUTH BANK                                           |                             |                                |
| OR                                                                              |                             |                                |
|                                                                                 | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME MIDDLE NAME, SUFFIX |

13. Use this space for additional information



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SEE ATTACHED EXHIBIT "B"

20040503000229010 Pg 4/4 32.00  
Shelby Cnty Judge of Probate, AL  
05/03/2004 10:41:00 FILED/CERTIFIED

## EXHIBIT "B"

### Description of Real Estate

Lot 12, according to the survey of Calera South Industrial Park, as recorded in Map Book 26, Page 57, in the Probate Office of Shelby County, Alabama, being situated in Shelby County, Alabama.

2013111300044650 3/3 \$33.00  
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