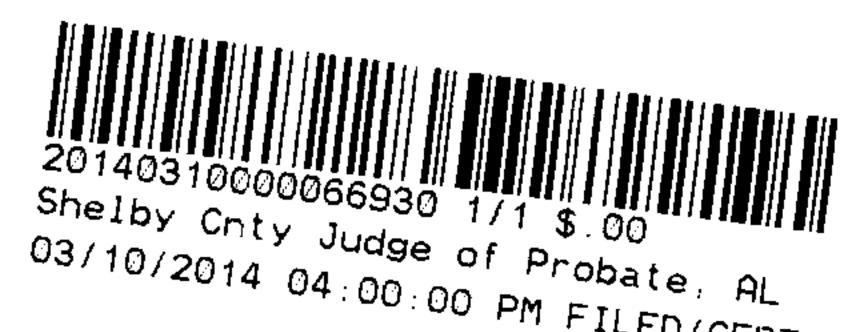
UCC FINANCING STATEMENT	AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREI	
A. NAME & PHONE OF CONTACT AT FILER [option of CINDY THOMAS 205-326-8299]	onal]
B. SEND ACKNOWLEDGMENT TO: (Name and A	ddress)



	V INSTRUCTIONS (front and back) CAREFULLY			ED/CERT
A CALZIAIL	E & PHONE OF CONTACT AT FILER [optional]			
CIND	Y THOMAS 205-326-8299	<u> </u>		
. SEND	O ACKNOWLEDGMENT TO: (Name and Address)			
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	ALABAMA GAS CORPORATION			
	605 RICHARD ARRINGTON JR BLVD	N		
	BIRMINGHAM, AL 35203			
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	N SOMEONIO OTATEMENTEN É #	THE ABOVE	1b. This FINANCING STATEMEN	
-	AL FINANCING STATEMENT FILE # 0063000208490		to be filed [for record] (or reco	
	ERMINATION: Effectiveness of the Financing Statement identified above	s is terminated with respect to security interest(s) of		tion Statement.
	ONTINUATION: Effectiveness of the Financing Statement identified at national period provided by applicable law.	bove with respect to security interesits) of the Sec	died raity additionaling this Continuation of	tatement is
	SSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give nar	ne of assignor in item 9.	
		Debtor or Secured Party of record. Check or		
	heck one of the following three boxes and provide appropriate information in		, <u></u>	
	HANGE name and/or address: Give current record name in item 6a or 6b; a	also give new DELETE name: Give record		a or 7b, and also
nai	me (if name change) in item 7a or 7b and/or new address (if address chang	ge) in item 7c. to be deleted in item 6a or 6l	item 7c; also complete items	7g-7g (ir applicabl
	RENT RECORD INFORMATION: ORGANIZATION'S NAME		<u> </u>	
R 6b. 1	INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	TTWAY	GERALD	L	
	NGED (NEW) OR ADDED INFORMATION: ORGANIZATION'S NAME	<u></u>		
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R 7b. I	INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
 :. MAIL!	ING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	ING JAMES CT	ALABASTER	AL 35007	US
<i>,</i> U 1 1 1 1		7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	l
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION			
- -	ORGANIZATION			Пио
	ORGANIZATION DEBTOR			NC
3. AMEI	ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.			NC NC
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