

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



20171117000416540 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
11/17/2017 11:04:21 AM FILED/CERT

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| A NAME & PHONE OF CONTACT AT FILER [optional]<br>LAQUITA YOUNG-WILLIAMS                                                                                   |
| B SEND ACKNOWLEDGMENT TO (Name and Address)<br><br>SPIRE, ALABAMA INC.<br>FORMERLY ALABAMA GAS CORPORATION<br>2101 6TH AVE NORTH<br>BIRMINGHAM, AL. 35203 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                 |                                                                |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|---------------|
| 1a INITIAL FINANCING STATEMENT FILE #<br>20131029000427660                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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 checked="" 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 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 one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 6 and/or 7<br><input type="checkbox"/> CHANGE name and/or address Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c<br><input type="checkbox"/> DELETE name Give record name to be deleted in item 6a or 6b<br><input type="checkbox"/> ADD name Complete item 7a or 7b, and also item 7c, also complete items 7d-7g (if applicable) |                                                                                                                                                    |                                 |                                                                |               |
| 6 CURRENT RECORD INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                 |                                                                |               |
| 6a ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                 |                                                                |               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    |                                 |                                                                |               |
| 6b INDIVIDUAL'S LAST NAME<br>WHALEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST NAME<br>LELAND                                                                                                                               | 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<br>1000 BLUE HERON PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY<br>BIRMINGHAM                                                                                                                                 | STATE<br>AL                     | POSTAL CODE<br>35242                                           | COUNTRY<br>US |
| ADD'L INFO RE ORGANIZATION DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7e TYPE OF ORGANIZATION                                                                                                                            | 7f JURISDICTION OF ORGANIZATION | 7g ORGANIZATIONAL ID # if any<br><input type="checkbox"/> NONE |               |
| 8 AMENDMENT (COLLATERAL CHANGE): check only one 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                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                 |                                                                |               |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------|--|
| 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<br>SPIRE, ALABAMA INC. FORMERLY ALABAMA GAS CORPORATION                                                                                                                                                                                                                                                                            |            |             |        |  |
| OR                                                                                                                                                                                                                                                                                                                                                        |            |             |        |  |
| 9b INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                 | FIRST NAME | MIDDLE NAME | SUFFIX |  |
| 10 OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                          |            |             |        |  |