SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address GARCIA PAI | s of Reporting Person [*] | | | Name and Ticker of AL PAYME | 0, | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|------------------------------------|--------------|----------------------|-------------------------------|-------------------|---|---|---|----------------------------------|--|--|--|
| (Last) (First) (Middle) | | | 3. Date o 08/07/2 | f Earliest Transacti 006 | on (Month/Day/ | Year) | X X | Director Officer (give title below) Presiden | fficer (give title Other (spec | | | |
| NORTH TOWER | | | | ndment, Date of Or | riginal Filed (Mo | onth/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) ATLANTA | GA | 30328 | | | | | | Form filed by More | | ng Person | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | Table I - No | n-Derivative S | ecurities Acq | uired, Disp | osed of, or Beneficia | lly Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | 5. Amount of Securities | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial | | |

| | (Month/Day/Year) | if any (Month/Day/Year) | code (In 8) | | Disposed of (D | b) (1150. 5, 4 and 5) | | Following Reported | or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---|------------------|----------------------------|----------------|---|----------------|-----------------------|------------|------------------------------------|-------------------------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 08/07/2006 | | F | | 12,555 | D | \$39.26(1) | 258,787 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--|---|--|---|---|---|--|-----|-------------------------------------|--------------------|--|-------------------------------------|---|--|----------------------------------|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Price of stock not included with original Form 4 filing.

Suellyn P. Tornay

** Signature of Reporting Person

08/28/2007

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.