LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 5-23-00

L. Supp
√# 32021
$10.00
KSD

1000997

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Murray Larry
   Last First MI

2. BUSINESS PHONE 225-382-3644
   Area Code and Phone Number

3. BUSINESS ADDRESS 9th Floor One American Place
   Street and No.
   Baton Rouge LA 70825
   City State Zip

4. EMPLOYER McGlinchey Stafford, L.L.C.

5. EMPLOYER'S ADDRESS 9th Floor One American Place
   Street and No.
   Baton Rouge LA 70825
   City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

State of LA

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Larry L. Murray, who, after being duly sworn by me, did declare and acknowledge to me that the statements contained herein are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me dated 05/21/2000.

Notary Public

Form 501, Rev. 3/98. Page Rev. 3/98

HAND DELIVERED

LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. 2 / 2

Name AIG Insurance

Address 6th Floor 70 Pine Street

New York NY 10270

Business or purpose insurance company

☒ New Representation

Does this person pay you ? Y

If No, who pays you ?

☐ Terminated Representation as of

Name Tulane University

Address Office of Government Affairs 6823 St. Charles, 327 Gibson Hall

New Orleans LA 70118-5698

Business or purpose educational institution

☒ New Representation

Does this person pay you ? Y

If No, who pays you ?

☐ Terminated Representation as of