LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 7-19-00

1001722

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- **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 Hauser (Last) Leo (First) J. (MI)

2. BUSINESS PHONE 501-868-1868

3. BUSINESS ADDRESS 22 Ridgefield Court (Street and No.) Little Rock (City) Arkansas (State) 72223 (Zip)

   MAILING ADDRESS 22 Ridgefield Court (Street and No.) Little Rock (City) Arkansas (State) 72223 (Zip)

4. EMPLOYER Warner-Lambert Company

5. EMPLOYER'S ADDRESS Six Century Drive, Second Floor, Parsippany, New Jersey 07054 (Street and No.) (City) (State) (Zip)

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

7. 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.

   1. Name Warner-Lambert Company

      Address Six Century Drive, Second Floor, Parsippany, New Jersey 07054

      Business or purpose Pharmaceutical Manufacturer

      ☐ New Representation
      Does this person pay you? ____

      If No, who pays you? ____

      ☒ Terminated Representation as of June 19, 2000 (Effective June 20, 2000, Warner-Lambert merged with Pfizer Inc)

Form SC1. Rev. 6-99

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2. Name Pfizer Inc

Address 7 Village Circle, Suite 500, Westlake, Texas 76262

Business or purpose Pharmaceutical Manufacturer

[X] New Representation
Does this person pay you? Yes

If No, who pays you?

[ ] Terminated Representation as of

3. Name

Address

Business or purpose

[ ] New Representation
Does this person pay you?

If No, who pays you?

[ ] Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev. 8/99