LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

686

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-3-01

L Supp
Ref: 10544

1010172

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 Gulotta, Jr. (Last) James (First) C. (MI)

2. BUSINESS PHONE (504) 581-3200

3. BUSINESS ADDRESS 546 Carondelet Street (Street and No.) New Orleans (City) LA (State) 70130 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Stone, Pigman, Walther, Wittmann & Hutchinson, L.L.P.

5. EMPLOYER'S ADDRESS 546 Carondelet Street, (Street and No.) New Orleans, (City) LA (State) 70130 (Zip)

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

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 W. R. Grace & Co.

Address 5400 Broken Sound Boulevard, Boca Raton, Florida 33487

Business or purpose Specialty chemical manufacturing; construction products manufacturing

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 12/31/00

Form 501, Rev. 6/96

686

Lobbyist's Registration Number

SUPPLEMENTAL REGISTRATION FORM

2. Name

Address

Business or purpose

☐ New Representation
Does this person pay you?

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. 6/99