LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

141
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2-12-01

1010671

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 Rudolph (Last) OEBEN (First) W (MI)

2. BUSINESS PHONE 281-263-1119

3. BUSINESS ADDRESS The Dow Chemical Co., Suite 400 1 Sugar Creek Center Blvd., Sugar Land, TX 77478
Street and No. City State Zip

MAILING ADDRESS same as above
Street and No. City State Zip

4. EMPLOYER The Dow Chemical Co.

5. EMPLOYER'S ADDRESS 2030 Dow Center, Midland, Michigan 48674
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 The Dow Chemical Co.

Address 2030 Dow Center, Midland, Michigan 48674

Business or purpose Chemical manufacturing.

☒ New Representation
Does this person pay you? YES

If No, who pays you?_____

☐ Terminated Representation as of _____

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Form 501, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

2. Name UNION CARBIDE CORP.
Address 39 Old Ridgebury Rd, Danbury CT 06817
Business or purpose Chemical Manufacturing

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of Feb. 6, 2001

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 601, Rev. 0499