LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

#56

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 3-6-01
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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 Ackerman (Last) Rodney (First) ✓ (MI)

2. BUSINESS PHONE 504-593-7470

3. BUSINESS ADDRESS 1450 Poydras St. (Street and No.) New Orleans (City) LA (State) 70112 (Zip)

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

4. EMPLOYER Dominion Exploration & Production, Inc. (formerly CNG Producing Company)

5. EMPLOYER'S ADDRESS 1450 Poydras St. (Street and No.) New Orleans (City) LA (State) 70112 (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 Dominion Exploration & Production, Inc.

Address 1450 Poydras St., New Orleans, LA 70112

Business or purpose Oil & Gas Exploration and Production

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of March 31, 2001

Form 50A, Rev. 6/99

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456
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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 301 Rev 6-99