**LOBBYING SUPPLEMENTAL REGISTRATION FORM**
**To be used for changes to registrations and terminations.**

**Lobbyist's Registration Number**
193

## 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.

FOR OFFICE USE ONLY
Postmark Date: 7/24/01
$10.00 ARS
✓# 5802

1011056

1. NAME: Shank (Last) Brian (First) M. (MI)

2. BUSINESS PHONE (985) 727-7773

3. BUSINESS ADDRESS 1275 Springwater Drive, Mandeville, Louisiana 70471
Street and No. City State Zip

MAILING ADDRESS
Street and No. City State Zip

4. EMPLOYER TAP Pharmaceuticals

5. EMPLOYER'S ADDRESS 12914 Queens Forest, San Antonio, Texas 78230
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ 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 TAP Pharmaceuticals

Address 12914 Queens Forest, San Antonio, Texas 78230

Business or purpose Pharmaceutical manufacturer

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of July 27, 2001

Form 501, Rev. 8/98

Lobbyist's Registration Number

193

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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 501, Rev. 8/95