LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

173
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 10/9/01

1011525

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 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: Hood, F. Malcolm, Jr.
   Last First MI

2. BUSINESS PHONE: 225-344-8036

3. BUSINESS ADDRESS: One American Place, Suite 1870 Baton Rouge, LA 70825
   Street and No. City State Zip

   MAILING ADDRESS: Same As Above
   Street and No. City State Zip

4. EMPLOYER: (SAME)

5. EMPLOYER'S ADDRESS: (SAME)
   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: DUPONT

      Address: 1122 Colorado Street, Suite 2301

      Business or purpose: Chemical, Agriculture and Environmental

      ☐ New Representation
      Does this person pay you?

      If No, who pays you?

      ☒ Terminated Representation as of 10/08/01

Form 501, Rev. 7/2001

SUPPLEMENTAL REGISTRATION FORM

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Lobbyist's Registration Number

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.

10/08/01
Signature of Lobbyist
F.Malcolm Hood, Jr.

Form 501, Rev. 7/2001