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

Lobbyist's Registration Number
53

FOR OFFICE USE ONLY
Postmark Date: 10/29/01
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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 Palmer (Last) Frederick (First) B. (MI)

2. BUSINESS PHONE (504) 680-1261

3. BUSINESS ADDRESS 400 Poydras Street, (Street and No.) New Orleans (City) Louisiana (State) 70130 (Zip)

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

4. EMPLOYER Texaco Group Inc..

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 Texaco Inc., its affiliates and subsidiaries

Address Same

Business or purpose

[X] New Representation
Does this person pay you? No

If No, who pays you? Texaco Group Inc.

[ ] Terminated Representation as of

* Changed from Texaco, its affiliates and subsidiaries.

Form 501 Rev. 8/99

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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, Frederick B. Palmer

Form 401, Rev. 6/99