LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

274
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 11/19/01
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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite200 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 Harris (Last) Jim (First) F. (MI)

2. BUSINESS PHONE 225-344-0381

3. BUSINESS ADDRESS 521 Laurel Street (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER Harris, DeVille & Associates, Inc.

5. EMPLOYER'S ADDRESS 521 Laurel Street (Street and No.) Baton Rouge (City) LA (State) 70801 (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 BellSouth Corp.
Address 1155 Peachtree St., N.W Atlanta Ga 30309
Business or purpose Utilities

☐ New Representation
Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 10/15/01

Form 001, Rev.

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2. Name CONDEA-Vista Company

Address P.O. Box 727, Westlake La 70669

Business or purpose Industry

☐ New Representation

Does this person pay you?

If No, who pays you?

☑ Terminated Representation as of 10/15/01

3. Name Sasol North America Inc.

Address P.O. Box 727, Westlake La 70669

Business or purpose Industry

☑ New Representation

Does this person pay you? yes

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. 7/2001