LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

168
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/4/01
L-Supp
1011614

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 Loy (Last) James (First) C. (MI)

2. BUSINESS PHONE 225/346-0073

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1060, Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

MAILING ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

4. EMPLOYER Governmental Corporate Consultants

5. EMPLOYER'S ADDRESS P. O. Box 1546, Baton Rouge, LA 70821 (Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes__ No xx.

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 Louisiana Committee for Economic Development

Address P. O. Box 1546, Baton Rouge, LA 70821

Business or purpose Promote Economic Development in Louisiana.

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

If No, who pays you? Governmental Corporate Consultants

[ ] Terminated Representation as of

Form 501, Rev. 7/2001

HAND DELIVERED

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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

James C. Loy

Form 501, Rev. 7/2001