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

Lobbyist's Registration Number
891

FOR OFFICE USE ONLY
Postmark Date: 3-7-02

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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 Farmer (Last) Anita (First) _____ (MI)

2. BUSINESS PHONE (404) 607-5273

3. BUSINESS ADDRESS 600 Peachtree Street NE, 15th Floor, Atlanta, Georgia 30308
Street and No. City State Zip

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

4. EMPLOYER Bank of America

5. EMPLOYER'S ADDRESS 600 Peachtree Street NE, 53rd Floor, Atlanta, Georgia 30308-2214
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 Bank of America

Address 600 Peachtree Street NE, 53rd Floor, Atlanta, Georgia 30308-2214

Business or purpose _____

☐ New Representation
Does this person pay you? ____

If No, who pays you? _____

☑ Terminated Representation as of February 28, 2002

Form 801, Rev. 1/2001

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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.

Anita M. Lusser

Signature of Lobbyist