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

Lobbyist's Registration Number
982

FOR OFFICE USE ONLY
Postmark Date: 2-19-03

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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 employees 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: Lancaster (Last) Jennifer (First) ____ (MI)

2. BUSINESS PHONE: 615-385-4900

3. BUSINESS ADDRESS: 4505 Harding Road, #115 (Street and No.) Nashville (City) Tennessee (State) 37205 (Zip)

MAILING ADDRESS: ____ (Street and No.) ____ (City) ____ (State) ____ (Zip)

4. EMPLOYER: TAP Pharmaceuticals

5. EMPLOYER'S ADDRESS: 12914 Queens Forest (Street and No.) San Antonio (City) Texas (State) 78230 (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: TAP Pharmaceuticals

Address: 12914 Queens Forest San Antonio Texas 78230

Business or purpose: Pharmaceutical Manufacturer

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

✔ Terminated Representation as of January 31, 2003

Form 501, Rev. 7/2001

SUPPLEMENTAL REGISTRATION FORM

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.

Jennifer Lancaster
Signature of Lobbyist