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

Lobbyist's Registration Number
102

FOR OFFICE USE ONLY
Postmark Date: 9/29/03
LSupp
1022625

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 Broadus (Last) Robert (First) V. (MI)

2. BUSINESS PHONE (985) 874-0058

3. BUSINESS ADDRESS 7147 Crockwood Drive (Street and No.) Mandeville (City) Louisiana (State) 70471 (Zip)

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

4. EMPLOYER See below

5. EMPLOYER'S ADDRESS (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 Pharmacia

Address 100 Route 206 North, Mail Stop 011, Peapack, New Jersey 07977

Business or purpose Pharmaceutical manufacturer

☐ New Representation
Does this person pay you? ___

If No, who pays you? ___

☑ Terminated Representation as of April 16, 2003

Form 101, Rev. 7/2001

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2. Name Pfizer Inc

Address 400 Perimeter Center Terrace, Suite 1000, Atlanta, Georgia 30346

Business or purpose Pharmaceutical manufacturer

☑ New Representation
Does this person pay you? YES, Effective April 16, 2003

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.

Robert V. Brooder

Signature of Lobbyist