LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

658
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/20/03
LSupp
102316

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 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 MARKS (Last) BROWN (First) A. (MI)

2. BUSINESS PHONE 281-438-2092

3. BUSINESS ADDRESS 3300 S. Gessner Rd, Ste 251 (Street and No.) Houston (City) TX (State) 77063 (Zip)

MAILING ADDRESS SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER Brown Marks Group, LLC

5. EMPLOYER'S ADDRESS 3300 S. Gessner Rd, Ste 251 (Street and No.) Houston (City) TX (State) 77063 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

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 NOLA COMPUTERS

Address 3535 CANAL ST, NEW ORLEANS, LA 70119

Business or purpose INFORMATION TECHNOLOGY

☒ New Representation
Does this person pay you? YES

If No, who pays you?_____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

2. Name WASTE MANAGEMENT

Address 15140 INTRACOASTAL DR, NEW ORLEANS, LA 70129

Business or purpose SOLID WASTE SERVICES

☐ 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

Form 501, Rev. 10/2001