LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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FOR OFFICE USE ONLY
Postmark Date: 08/22/05

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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 1st 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 McIntosh (Last) Casey (First) L. (MI)

2. BUSINESS PHONE 225-381-0166

3. BUSINESS ADDRESS 304 Laurel St. 2C (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

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

4. EMPLOYER SSG-LA

5. EMPLOYER'S ADDRESS SAME (Street and No.) ___ (City) ___ (State) ___ (Zip)

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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 WELLCARE

Address 8725 Henderson, Blvd, Tampa, FL 33634

Business or purpose ___

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 7/1/05

Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name BIOPORT

Address 3500 MARTIN LUTHER KING, JR. BLVD., LANSING, MI 20879

Business or purpose BIO TECH

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☒ Terminated Representation as of 4/1/05

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. 10/2002