LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 09/20/05

LSLUPP

AMENDMENT

[illegible]

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 MITTENDORF (Last) BRAD (First) C. (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 SAME (Street and No.) (City) (State) (Zip)

4. EMPLOYER SSG-LA

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

2005 SEP 21 AM 10:59 RECEIVED

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 JB COXWELL CONTRACTING, INC.
   Address 6741 LLOYD ROAD WEST, JACKSONVILLE, FL 32254
   Business or purpose CONTRACTING
   ☑ New Representation
   Does this person pay you? YES
   If No, who pays you? ____
   ☐ Terminated Representation as of ____

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Form 801, Rev. 10/2002

LOBBYING SUPPLEMENTAL REGISTRATION FORM

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1. NAME MITTENDORF (Last) BRAD (First) C. (MI)

2. BUSINESS PHONE 225-381-0606

3. BUSINESS ADDRESS 304 LAUREL ST. 2C (Street and No.), BATON ROUGE (City), LA (State) 70801 (Zip)

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

4. EMPLOYER SSG-LA

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

2005 SEP 21 AM 10:59 RECEIVED

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 JB COXWELL CONTRACTING, INC.
   Address 6741 LLOYD ROAD WEST
   Business or purpose CONTRACTING

   ☑ New Representation
   Does this person pay you? YES

   If No, who pays you? ____

   ☐ Terminated Representation as of ____

SUPPLEMENTAL REGISTRATION FORM

2. Name SEA CONTAINERS

Address CONON'S COURT, 21 VICTORIA ST., HAMILTON HM12, BERMUDA

Business or purpose PASSENGER TRANSPORT, CONTAINER LEASING

☑ New Representation
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name ASHBRITT ENVIRONMENTAL

Address 480 S. ANDREWS AVE., POMPANO BEACH, FL 33069

Business or purpose DISASTER RECOVERY

☑ New Representation
Does this person pay you? YES

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

SUPPLEMENTAL REGISTRATION FORM

2. Name SEA CONTAINERS

Address CANON'S COURT, 21 VICTORIA ST., HAMILTON HM12, BERMUDA

Business or purpose PASSENGER TRANSPORT, CONTAINER LEASING

☑ New Representation
Does this person pay you? YES

If No, who pays you?

☐ Terminated Representation as of

3. Name ASHBRITT ENVIRONMENTAL

Address 480 S. ANDREWS AVE., POMPANO BEACH, FL 33069

Business or purpose DISASTER RECOVERY

☑ New Representation
Does this person pay you? YES

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 401, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name PRESCRIPTION RELIEF

Address PO BOX 182852, COLUMBUS, OH, 43218-2852

Business or purpose PHARMACEUTICAL MARKETING

☒ New Representation
Does this person pay you? YES

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 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name PRESCRIPTION RELIEF

Address PO BOX 182852, COLUMBUS, OH, 43218-2852

Business or purpose PHARMACEUTICAL MARKETING

☒ New Representation
Does this person pay you? YES

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 991, Rev. 10/2002