

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



Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- 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.

FOR OFFICE USE ONLY
Postmark Date: 10/17/05
LSUPP
AMENDMENT
1051260

1. NAME Haynie Randy K
Last First MI
2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station Baton Rouge, LA 70804
Street and No. City State Zip
1465 Ted Dunham Avenue Baton Rouge, LA 70802

MAILING ADDRESS _____
Street and No. City State Zip
Self-Employed

4. EMPLOYER _____

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 SAP Public Services, Inc.
Address 3999 West Chester Pike, Newtown Square, PA 19073

Business or purpose : Computer Technology

New Representation X
Does this person pay you? YES

If No, who pays you? _____

Terminated Representation as of _____

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Lobbyist's Registration Number

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 Address 3999 West Chester Pike, Newtown Square, PA 19073

Business or purpose
 New Representation X
 Does this person pay you? YES

If No, who pays you? _____

Terminated Representation as of _____

FOR OFFICE USE ONLYPostmark Date: 09/20/05

LOU PP

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SUPPLEMENTAL REGISTRATION FORM



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

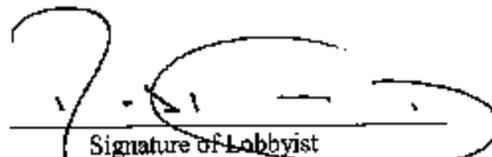
New Representation
Does this person pay you?

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.



Signature of Lobbyist



SUPPLEMENTAL REGISTRATION FORM

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

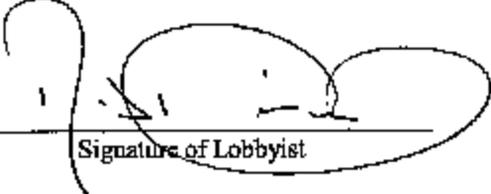
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Signature of Lobbyist