LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 11/23/05
LSUPP

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 HENRY E. L.
   Last First MI

2. BUSINESS PHONE 225 - 336-5200

3. BUSINESS ADDRESS 450 Laurel St. Ste 1900, Baton Rouge, LA 70801
   Street and No. City State Zip

   MAILING ADDRESS Same
   Street and No. City State Zip

4. EMPLOYER Adams and Reese, LLP

5. EMPLOYER'S ADDRESS Same
   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 Robert Henderson of USAA (United States Services Automobile Assn.)
      Address 9800 Fredericksburg Road, San Antonio, TX 78288
      Business or purpose insurance

      ☐ New Representation
      Does this person pay you? No
      If No, who pays you? Adams and Reese LLP

      ☐ Terminated Representation as of _____

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SUPPLEMENTAL REGISTRATION FORM

2. Name: Williams Scotsman, Inc.

Address: 4590 Carey Road

Business or purpose: Fort Worth, TX 76119

☐ New Representation

Does this person pay you? NO

If No, who pays you? Adams and Reese, LLP

☐ 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. 10/2002