LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

373
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 03/08/06
LSOPP

1060794

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 Hood (Last) F. (First) Malcolm Jr. (MI)

2. BUSINESS PHONE 225-344-8036

3. BUSINESS ADDRESS One American Place (Street and No.) Suite 1170 (City) Baton Rouge (State) LA (Zip) 70825

MAILING ADDRESS Same (Street and No.) ____ (City) ____ (State) ____ (Zip) ____

4. EMPLOYER Same

5. EMPLOYER'S ADDRESS Same (Street and No.) ____ (City) ____ (State) ____ (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 Enterprise Products
Address 2727 North Loop West Houston, TX 77008-1044
Business or purpose Natural Gas + Bi-Product Transportation

☑ New Representation
Does this person pay you? Yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form 301, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

3713
Lobbyist's Registration Number

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

Form 601, Rev. 10/2002