LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 03/14/06
LSUPP

1060790

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 McKearn (Last) Kristy (First) G (MI)

2. BUSINESS PHONE 225-381-7028

3. BUSINESS ADDRESS 301 N. Main St., Ste 830 (Street and No.) BR (City) LA (State) 70825 (Zip)

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

4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

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 Universal Project Managemet, Inc.
   Address 600 Kendrick, Suite A-1 Houston, Tx 77060
   Business or purpose Construction Managemert

   ☑ New Representation
   Does this person pay you? Yes

   If No, who pays you? ___

   ☐ Terminated Representation as of ___

Form 801, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

2. Name Baker, Donelson, Bearman, Caldwell & Berkowitz
   Address 301 N. Main St. Ste 830 BR. LA 70825
   Business or purpose Law firm

   ☐ 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 501, Rev. 10/2002