LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

505
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 02/19/02
TERM

1000957

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 Rivero (Last) Hector (First) L. (MI)

2. BUSINESS PHONE 512-473-2157

3. BUSINESS ADDRESS 1005 Congress Ave., Ste. 1070 (Street and No) Austin (City) TX (State) 78701 (Zip)

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

4. EMPLOYER E. I. du Pont de Nemours and Company

5. EMPLOYER'S ADDRESS 1007 Market St. (Street and No.) Wilmington (City) DE (State) 19898 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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 E. I. du Pont de Nemours and company

Address 1007 Market Street Wilmington, DE 19898

Business or purpose Science Company

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☐ Terminated Representation as of June 30, 2006

Form 601, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

895
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representatinn
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 501, Rev. 1/2002