LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 11/17/06
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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 Cozeskey (Last) Jeffrey (First) F (MI)

2. BUSINESS PHONE (225) 977-1158

3. BUSINESS ADDRESS 4045 Scenic Highway (Street and No.), Baton Rouge (City) LA (State) 70821 (Zip)

MAILING ADDRESS P.O. Box 551 (Street and No.), Baton Rouge (City), LA (State) 70821 (Zip)

4. EMPLOYER Exxon Mobil Corporation

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 La. Mid-Continent Oil & Gas Assn.
   Address 801 North Blvd, Suite 201, Baton Rouge, LA 70802
   Business or purpose oil & gas trade association

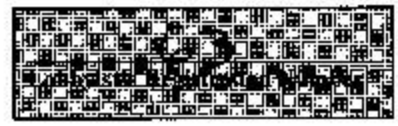
   ☐ New Representation
   Does this person pay you? ____
   If No, who pays you? ____

   ☒ Terminated Representation as of 11/15/06

Form 601, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



2. Name Exxon Mobil Corporation
   Address P.O. Box 551 Baton Rouge, LA 70821
   Business or purpose integrated oil & gas production

   ☒ 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 801, Rev. 10/2002