LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

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.

FOR OFFICE USE ONLY
Postmark Date: 2-16-07
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1070023
SCANNED
MAY 29 2007
By: 3

1. NAME Dillard (Last) Jack (First) K. (MI)

2. BUSINESS PHONE 512-478-3394

3. BUSINESS ADDRESS 1005 Congress Ave. Ste 850 (Street and No.) Austin (City) TX (State) 78701 (Zip)

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

4. EMPLOYER Altria Corporate Services, Inc

5. EMPLOYER'S ADDRESS 120 Park Ave. (Street and No.) NY (City) NY (State) 10017 (Zip)

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 Kraft Foods Global, Inc. (thru its service corporation Altria Corporate Services, Inc.)
   Address Three Lakes Drive, Northfield, IL 60093
   Business or purpose Consumer Packaged Products

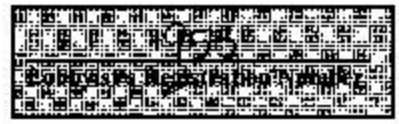
   ☐ New Representation
   Does this person pay you?_____

   If No, who pays you?_____

   ☑ Terminated Representation as of 02/28/07

Form 551, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM



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 501, Rev. 10/2002