LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1416
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/15/08

Ren-08
ck# 1000242078
$110.00

ack✓

1071281

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Hundley (Last) Michelle (First) C. (MI)

2. BUSINESS PHONE (281) 478-7533 (Area Code and Phone Number)

3. BUSINESS ADDRESS 10202 Strang Rd. (Street and No.) La Porte (City) TX (State) 77571 (Zip)

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

4. EMPLOYER Air Products & Chemicals, Inc.

5. EMPLOYER'S ADDRESS 7201 Hamilton Blvd. (Street and No.) Allentown (City) PA (State) 18195 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Air Products & Chemicals, Inc.

Address 7201 Hamilton Blvd. Allentown, PA, 18195

Business or purpose Serves customers in industrial, energy technology & healthcare markets with atmospheric gasses, process & specialty gasses, performance materials, & equipment & services.

Does this person pay you? Yes

If No, who pays you? ——

Form 500, Rev. 10/2002

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2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

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 600, Rev. 10/2002