LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1130
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/22/08
Supp-L
OCK✓

1072013

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 Brunton (Last) Rodney (First) C (MI)

2. BUSINESS PHONE (225) 381-0116

3. BUSINESS ADDRESS 637 St. Ferdinand (Street and No) Baton Rouge (City), LA (State) 70802 (Zip)

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

4. EMPLOYER Southern Strategy Group

5. EMPLOYER'S ADDRESS 637 St. Ferdinand (Street and No.) Baton Rouge (City), LA (State) 70802 (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 UBS Securities, LLC

Address 1285 Avenue of Americas, 15th Floor, New York, New York 10019

Business or purpose Finance

☑ New Representation

Does this person pay you? NO

If No, who pays you? Southern Strategy Group of LA, LLC

☐ Terminated Representation as of ____

Form 501, Rev. 10/2003

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

1130
Lobbyist's Registration Number

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.

Rodney C. Boyd
Signature of Lobbyist

Form 601 Rev 10/2002