LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 9-25-08
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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 Pierre (Last) Marbey (First) W (MI)
2. BUSINESS PHONE (318) 675-0116
3. BUSINESS ADDRESS 675-0117 (Street and No.) (City) (State) (Zip)
   MAILING ADDRESS 401 Market St. Ste 500 (Street and No.) Shreveport (City) LA (State) 71101 (Zip)
4. EMPLOYER Same
5. EMPLOYER'S ADDRESS 401 Market St. Ste. (Street and No.) Shreveport (City) LA (State) 71101 (Zip)
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 Diversified Market Solutions
      Address 1100 Poydras Street, Ste. 2900
      Business or purpose Management and technology consultant

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

      ☒ Terminated Representation as of 8-15-08

Form 801, 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.

Marilyn W. Peire

Signature of Lobbyist

Form 501, Rev. 10/2002