LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

1993 1251
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-29-98
REG
1380800

/# 1211
$10.00
JB

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Schiffman (Last) Ann (First) E. (MI)

2. BUSINESS PHONE 504/533 2545 (Area Code and Phone Number)

3. BUSINESS ADDRESS 225 Baronne St. (Street and No.) New Orleans (City) LA (State) 70130 (Zip)

4. EMPLOYER Hibernia Corporation

5. EMPLOYER'S ADDRESS P.O. Box 61540 (Street and No.) New Orleans (City) LA (State) 70161 (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 Hibernia Corporation
   Address P.O. Box 61540, New Orleans, LA 70161
   Business or purpose Financial Corporation
   Does this person pay you? Yes.
   If No, who pays you? _____

2. Name _____
   Address _____
   Business or purpose _____
   Does this person pay you? _____
   If No, who pays you? _____

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

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? _____

5. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

State of Louisiana

Parish of Orleans

Before me, the undersigned authority, personally came and appeared ANN E. SCHIFFLAN, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 29th day of January, 1998.

Carol Dancer

Notary Public

Rev. 8/97