EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date: 08/22/05

LSUPP

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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, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME BRAXTON (Last) RODNEY (First) C (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE 225-381-0166 (Area Code) Phone Number

3. FAX PHONE 225-381-0163

4. BUSINESS ADDRESS 304 LAUREL ST., 2C, BATON ROUGE LA 70801 (Street and No.) (City) (State) (Zip)

MAILING ADDRESS SAME (Street and No.) _____ (City) _____ (State) _____

5. EMPLOYER SSG-LA

6. EMPLOYER'S ADDRESS SAME (Street and No.) _____ (City) _____ (State) _____ (Zip)

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ___ No ___

8. 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 WELLCARE

Address 8725 HERNDON, BLD. 1, TAMPA, FL 33634

Business or purpose HEALTH CARE PROVIDER

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 7/1/05

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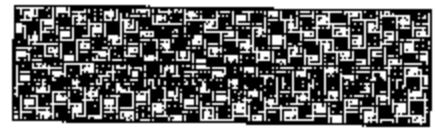

2) Name Bio Port

Address 3500 Martin Luther King Jr. Blvd., Lansing, MI 20879

Business or purpose Bio Tech

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 4/1/05

3) Name Amylin

Address 3899 N. Cleveland Ro., Lexington, KY 40516

Business or purpose Bio Tech

☒ New Representation
Does this person pay you? YES

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist

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2) Name GLOBAL SECURE CORP.

Address 1100 H ST, NW, STE. 1200, WASHINGTON, DC 20005

Business or purpose SECURITY SOLUTIONS

☑ New Representation
Does this person pay you? YES

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

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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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist