EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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.

FOR OFFICE USE ONLY
Postmark Date: 09/29/05
LSUPP

AMENDMENT

3050176

1. NAME MANGHAM ELIZABETH M.
Last First 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 Zip

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 JB Cornell Contracting, Inc.
Address 6741 Lloyd Road West, Jacksonville, FL 32254
Business or purpose Contracting

☒ New Representation
Does this person pay you? YES
If No, who pays you? _____

☐ Terminated Representation as of _____

2005 SEP 21 AM 10:08 RECEIVED
2005 SEP 30 PM 12:49 RECEIVED

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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Postmark Date: 09/20/05

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2005 SEP 21 AM 10:

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1. NAME MANGHAM (Last) ELIZABETH (First) M. (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 (Street and No.) BATON ROUGE (City) LA (State) 70801 (Zip)

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

5. EMPLOYER SSG-LA

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

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1) Name JB COXWELL CONTRACTING, INC.

Address 6741 LLOYD ROAD WEST

Business or purpose CONTRACTING

☑ New Representation
Does this person pay you? YES

If No, who pays you? ____

☐ Terminated Representation as of ____

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

2) Name SEA CONTAINERS

Address CAMON'S COURT, 21 VICTORIA ST, HAMILTON HM12, BERMUDA

Business or purpose PASSENGER TRANSPORT, CONTAINER LEASING

☒ New Representation
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name ASHBRITT ENVIRONMENTAL

Address 480 S. ANDREWS AVE., POMPANO BEACH, FL 33069

Business or purpose DISASTER RECOVERY

☒ 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

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

2) Name SEA CONTAINERS

Address CANON'S COURT, 21 VICTORIA ST, HAMILTON HM12, BERMUDA

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_____
Signature of Lobbyist

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

2) Name PRESCRIPTION RELIEF

Address PO BOX 182852, COLUMBUS, OH, 43218-2852

Business or purpose PHARMACEUTICAL MARKETING

☒ 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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Signature of Lobbyist