EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

68

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/24/06
Ren. 2006
J# 029198
$110.00 WT

3060020

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Devore (Last) Jerry (First) D. (MI)

2. BUSINESS PHONE 404-876-9411 (Area Code and Phone Number)

3. FAX NUMBER 404-872-1672

4. BUSINESS ADDRESS 1349 West Peachtree St. Suite 1600 (Street and No.) Atlanta (City) Ga (State) 30309 (Zip)

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

5. EMPLOYER Atlanta Capital Management Co LLC

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

2006 JAN 24 AM 9:54

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 Atlanta Capital Management Company LLC

Address 1349 West Peachtree St. Suite 1600 Atlanta Ga 30309

Business or purpose Marketing & Client Service for Investment Advisory Services

Does this person pay you? Yes, employer

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

68
Executive Lobbyist Registration No.

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

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?_____

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