EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. 241

FOR OFFICE USE ONLY
Postmark Date: 08/08/06

TER-M

3061160

Instructions

1. Print in ink or type.
2. 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.
3. 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 Richard John Scott
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS PHONE 225-978-2317
(Area Code) Phone Number

3. FAX PHONE 225-261-1040

4. BUSINESS ADDRESS _____
Street and No. City State Zip

MAILING ADDRESS 17628 Lake Vista Dr. Greenwell Springs LA 70739
Street and No. City State Zip

5. EMPLOYER Eisai Pharmaceuticals

6. EMPLOYER'S ADDRESS 500 Grandpoint Center West Frank Burr Blvd Teaneck NJ 07666
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 John Richard
Address 17628 Lake Vista Dr. Greenwell Springs, LA 70739
Business or purpose Eisai Pharmaceuticals

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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

_____
Signature of Lobbyist