(E)

410

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 12-29-06
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ETHICS ADMINISTRATION
CANDIDATE FINANCE
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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 Andrews (Last) Carolyn (First) (Sue) (MI)

2. BUSINESS PHONE 225 930 7807
Area Code and Phone Number

3. FAX NUMBER 225 927 0900

4. BUSINESS ADDRESS Suite 400, 3300 W. Esplanade Ave., Metairie, LA 70002-7406
Street and No. City State Zip

MAILING ADDRESS Same as above.
Street and No. City State Zip

5. EMPLOYER BellSouth Business Systems, Inc.

6. EMPLOYER'S ADDRESS Same as above.
Street and No. City State Zip

7. 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 ~~BellSouth Corporation and its Affiliates and Subsidiaries~~

Address Same as above.

Business or purpose Telecommunications sales and related services and equipment to large businesses.

Does this person pay you? No

If No, who pays you? BellSouth Business Systems, Inc.

Rev. 1/6/07 PG

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PAGE 02/03 CUSTOMER CARE

EXECUTIVE LOBBYING REGISTRATION FORM

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 omitted.

Carolyn Andrews

Signature of Lobbyist

Form 504, Rev. 7/04