E

474

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

FOR OFFICE USE ONLY
Postmark Date: 12-25-06
Reg 2007
V#1893
$110
Wmi

2006 DEC 29 AM 10:05
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
0061662

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 Thibodeaux (Last) Michael (First) L (MI)

2. BUSINESS PHONE 225-936-7773 (Area Code and Phone Number)

3. FAX NUMBER 225-936-7777

4. BUSINESS ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 (Street and No.) BATON ROUGE (City) LA (State) 70809 (Zip)

MAILING ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 (Street and No.) BATON ROUGE (City) LA (State) 70809 (Zip)

5. EMPLOYER BELLSOUTH BUSINESS SYSTEMS, INC.

6. EMPLOYER'S ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 (Street and No.) BATON ROUGE (City) LA (State) 70809 (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 SUBSIDIARIES AND AFFILIATES

Address 7884 OFFICE PARK BLVD., SUITE 200 BATON ROUGE LA 70809

Business or purpose SALES AND SERVICE

Does this person pay you? NO

If No, who pays you? BELLSOUTH BUSINESS SYSTEMS, INC.

Rev: 3/7/07 MB

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.

Michael Nicholson

Signature of Lobbyist