(E)

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

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: 8/1/07
Supp - E
Term
SCANNED
AUG 0 2 2007
By:
3070265

1. NAME Singer (Last) Nathaniel (First) (MI)

NAME CHANGE (Last) (First) (MI)

2. BUSINESS PHONE (212) 272 - 2840 (Area Code) Phone Number

3. FAX PHONE (212) 272 - 5310

4. BUSINESS ADDRESS 383 Madison Ave (Street and No.) New York (City) NY (State) 10179 (Zip)

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

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5. EMPLOYER Bear, Stearns & Co. Inc.

6. EMPLOYER'S ADDRESS same as above (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 Bear, Stearns & Co. Inc.

Address 383 Madison Ave. New York NY 10179

Business or purpose Investment banking & securities trading and brokerage firm

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☒ Terminated Representation as of July 26, 2007

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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