EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

592
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-2-07
Supp. Term
ack✓
3070659

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.

1. NAME Parker (Last) James (First) T (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (225) 733-6252 or (225) 753-3464 (Area Code) Phone Number

3. FAX PHONE (214) 596-1914

4. BUSINESS ADDRESS 1425 Greenway Dr. (Street and No.) Irving (City) TX (State) 75038 (Zip)

MAILING ADDRESS 19016 Poojeaux Avenue (Street and No.) Baton Rouge (City) LA (State) 70817 (Zip)

5. EMPLOYER James Hardie Building Products

6. EMPLOYER'S ADDRESS 26300 La Alameda (Street and No.) Mission Viejo (City) CA (State) 92691 (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 James Hardie Building Products

Address 26300 La Alameda Mission Viejo, CA 92691

Business or purpose Manufacturer of Building Products

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☑ Terminated Representation as of December 31, 2007

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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.

James F. Parker
Signature of Lobbyist