

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

571
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: 1/31/08
Supp Term
ack
3070807
(copy/ans) filed

1. NAME Harrell Ken
Last First MI

NAME CHANGE
Last First MI

2. BUSINESS PHONE (504) 587-2213
(Area Code) Phone Number

3. FAX PHONE (504) 588-1050

4. BUSINESS ADDRESS 1515 Poydras Street, Suite 2570 New Orleans LA 70112
Street and No. City State Zip

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

5. EMPLOYER International Business Machines ("IBM")

6. EMPLOYER'S ADDRESS 1 New Orchard Road Armonk NY 10504-1722
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes No

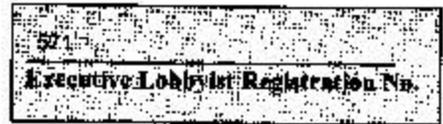
8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name International Business Machines ("IBM")
Address 1 New Orchard Road, Armonk, NY 10504-1722
Business or purpose Information technology products and services

New Representation
Does this person pay you? _____
If No, who pays you? _____

Terminated Representation as of 1/31/2008

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2) Name N/A _____

Address _____

Business or purpose _____

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3) Name N/A _____

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.

A handwritten signature in cursive script, appearing to read "C. H. H. H.", written over a horizontal line.

Signature of Lobbyist