EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

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[illegible]

FOR OFFICE USE ONLY
Postmark Date: 2/1/08

ACK✓

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2/08 FRA filed

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 Lopez (Last) Tony (First) (MI)

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

2. BUSINESS PHONE (504) 587-2211 (Area Code) Phone Number

3. FAX PHONE (504) 588-1050

4. BUSINESS ADDRESS 1515 Poydras Street, Suite 2570 (Street and No.) New Orleans (City) LA (State) 70112 (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 (Street and No.) Armonk (City) NY (State) 10504-1722 (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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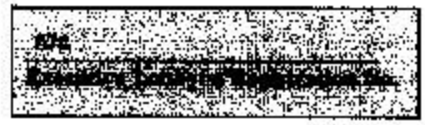

2) Name N/A

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.

R. Lopez

Signature of Lobbyist