EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Instructions

1. Print in ink or type.
2. 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) 763-3777 or (800) 842-6630. No fee is required.
3. 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: 7/18/08

3071640

1. NAME Henry (Last) E. (First) L. (MI)

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

2. BUSINESS PHONE 225-336-5200 (Area Code) Phone Number

3. FAX PHONE 225-336-5220

4. BUSINESS ADDRESS 450 Laurel Street, Suite 1900 (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

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

5. EMPLOYER Adams and Reese LLP

6. EMPLOYER'S ADDRESS same (Street and No.) _____ (City) _____ (State) _____ (Zip)

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

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 HEALTH MANAGEMENT SYSTEMS

Address 200 South Tryon, Suite 600 Charlotte, NC 28202

Business or purpose Health Management

☑ New Representation
Does this person pay you? NO

If No, who pays you? Adams and Reese LLP

☐ Terminated Representation as of _____

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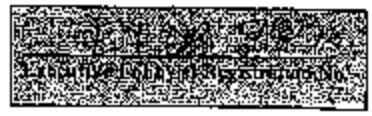

2) Name_____

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.

Signature of Lobbyist