EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

496
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8-13-08
Term - E
ack
3071951

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) 763-8777 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.

1. NAME Gardner (Last) Michael (First) S (MI)

NAME CHANGE _____ Last First MI

2. BUSINESS PHONE (212) 272-1488 (Area Code) Phone Number

3. FAX PHONE (212) 272-5372

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

5. EMPLOYER Bear, Stearns & Co. Inc

6. EMPLOYER'S ADDRESS 383 Madison Ave (Street and No.) New York (City) NY (State) 10179 (Zip)

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes X 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 brokerage

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 8/12/08

SCANNED
AUG 22 2008
By: _____

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

Executive 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
Michael S Gardner