EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

341
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 10/2/08
Reg 12008
CK# 16341
110.00
3072139
ACK

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME UNGER, JASON L.
   Last First MI

2. BUSINESS PHONE 850-577-9090
   Area Code and Phone Number

3. FAX NUMBER 850-577-3311

4. BUSINESS ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

   MAILING ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

5. EMPLOYER GRAYROBINSON, P.A.

6. EMPLOYER'S ADDRESS 301 S. BRONOUGH STREET, STE. 600, TALLAHASSEE, FL 32301
   Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

   1. Name PROMISE HEALTHCARE, INC.

      Address 999 YAMATO RD., 3D FLOOR, BOCA RATON, FL 33431

      Business or purpose HEALTH CARE

      Does this person pay you? YES

      If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name Unisys Corporation

Address 1200 S. Hayes Street, 11th Floor, Arlington, VA 22202

Business or purpose computer systems design services

Does this person pay you? Yes

If No, who pays you? —

3. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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

ATTACH 2" x 3" PHOTOGRAPH HERE

Form 304, Rev. 7/04

Page ___ of ___.

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

3. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

4. Name N/A

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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Signature of Lobbyist

[redacted]