EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

684
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 10/14/08
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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 Drennen (Last) Mark (First) C (MI)

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

2. BUSINESS PHONE 225 201-8930 (Area Code) Phone Number

3. FAX PHONE 225 201-8931

4. BUSINESS ADDRESS 8550 United Plaza Blvd (Street and No.) Suite 200 (City) BR, LA (State) 70809 (Zip)

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

5. EMPLOYER Cornerstone Government Affairs

6. EMPLOYER'S ADDRESS 300 Independence Ave SE (Street and No.) Washington (City) DC (State) 20003 (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 Aetna / Shaller Anderson

Address 4645 E. Cotton Center Blvd Phoenix, AZ 85040

Business or purpose Medicaid Management

☒ New Representation
Does this person pay you? No

If No, who pays you? Cornerstone Government Affairs

☐ Terminated Representation as of _____

Form 505, Rev. 7/04

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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