EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No. 611

FOR OFFICE USE ONLY
Postmark Date: 10-31-08
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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 Fuchs (Last) Gary (First) M1

NAME CHANGE _____ (Last) _____ (First) _____ M1

2. BUSINESS PHONE (512) 404-6671 (Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS 98 San Jacinto, Suite 500, Austin, TX 78701 (Street and No.) (City) (State) (Zip)

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

5. EMPLOYER Hewlett-Packard Company

6. EMPLOYER'S ADDRESS 3000 Hanover Street (Street and No.) Palo Alto (City) CA (State) 94304 (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 Hewlett-Packard Company

Address 3000 Hanover Street, Palo Alto, CA 94304

Business or purpose Information Technology

■ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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2) Name Electronic Data System Corporation

Address 54 Legacy Drive, H3-3A-34, Plano, TX 75024

Business or purpose Information Technology

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

■ Terminated Representation as of 10/29/2008

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.

Gary A. Funk

Signature of Lobbyist