LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

Lobbyist's Registration Number
1112

FOR OFFICE USE ONLY
Postmark Date: 6/30/03
LSUPP
102278

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME: Woods (Last) Rod (First) (MI)

2. BUSINESS PHONE: 618-235-8763

3. BUSINESS ADDRESS: 2423 Pro Tour Drive (Street and No.) Belleville (City) Illinois (State) 62220 (Zip)

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

4. EMPLOYER: MedImmune, Inc.

5. EMPLOYER'S ADDRESS: 35 West Watkins Mills Road (Street and No.) Gaithersburg (City) Maryland (State) 20878 (Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes_____ No_____

7. 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 _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

Form601, Rev. 7/2001

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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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Rodney W. Worley

Signature of Lobbyist