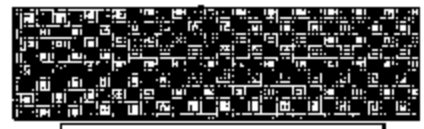
EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2005

(Fill in year.)



FOR OFFICE USE ONLY
Postmark Date: 03/28/05
Reg. 2005
#9-784
$110.00 WS

3050052

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 Corley (Last) William (First) (MI)

2. BUSINESS PHONE (501) 653-0745 (Area Code and Phone Number)

3. FAX NUMBER (501) 653-0783

4. BUSINESS ADDRESS 6423 Caribbean Drive West (Street and No.) Benton (City) Arkansas (State) 72015 (Zip)

MAILING ADDRESS 6423 Caribbean Drive West (Street and No.) Benton (City) Arkansas (State) 72015 (Zip)

5. EMPLOYER Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC

6. EMPLOYER'S ADDRESS 400 Morgan Lane (Street and No.) West Haven (City) Connecticut (State) 06516 (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 Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC

   Address 400 Morgan Lane, West Haven, Connecticut 06516

   Business or purpose Pharmaceutical manufacturer

   Does this person pay you? Yes

   If No, who pays you? N/A

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RECEIVED
ETHICS ADMINISTRATION
PAYNE-FINANCE

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   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