EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

100

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/30/06
Reg. 2006
V# 3949
$110.00 US

3060040

2006 JAN 30 AM 11:07

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 Guillory (Last) Ed (First) J. (MI)

2. BUSINESS PHONE 225-603-1575 (Area Code and Phone Number)

3. FAX NUMBER 225-291-9204

4. BUSINESS ADDRESS 10854 Cedarbrook Dr (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS 10854 Cedarbrook Dr. (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

5. EMPLOYER Wyeth Pharmaceuticals

6. EMPLOYER'S ADDRESS 500 Arcola Rd (Street and No.) Collegeville (City) PA (State) 19426 (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 Wyeth Pharmaceuticals

Address 500 Arcola Road Collegeville, PA. 19426

Business or purpose Pharmaceutical Sales

Does this person pay you? Yes

If No, who pays you? _____

Form 504, Rev. 7/04

Page 1 of ___

ND DELIVERED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

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