EXECUTIVE LOBBYING REGISTRATION/
RENEWAL FOR
THE YEAR OF 2006
(Fill in year.)

[redacted]

Amendment(s) Attached

FOR OFFICE USE ONLY
Postmark Date: 03/17/06
Reg. 2006
V# 10826
$110.00US
3060281

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, or fax to (225) 763-8787. For information or assistance, call (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 Beatty (Last) Toni (First) A. (MI)
2. BUSINESS PHONE 504-495-9392 (Area Code and Phone Number)
3. FAX NUMBER n/a
4. BUSINESS ADDRESS 910 Marigny (Street and No.) New Orleans (City) LA (State) 70117 (Zip)

   MAILING ADDRESS 5500 Prytania* (Street and No.) 309 (City) New Orleans, (State) LA (Zip) 70115
5. EMPLOYER Astra Zeneca
6. EMPLOYER'S ADDRESS 3000 Bayport Drive (Street and No.) Ste. 600 (City) Tampa, (State) FL 33607 (Zip)
7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (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 _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

Page 2 of 2

SCANNED
MAY 29 2006
By: [illegible]

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name Toni Beatty

Address 910 Marigny St.

Business or purpose pharmaceutical Sales

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.

Toni Beatty

Signature of Lobbyist

Page 1 of 2

EXECUTIVE LOBBYING REGISTRATION FORM

AMENDMENT

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

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 504, Rev. 7/04