EXECUTIVE LOBBYING REGISTRATION / RENEWAL FOR THE YEAR OF 2005
(Fill in Year.)

273
Executive Lobbyist Registration No.

For Office Use Only
Postmark Date: 08/25/04
Reg. 2005
#1874
$110.00
3060400

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: Moore (Last) Duane (First) G (MI)

2. BUSINESS PHONE: 318-470-2470 (Area Code and Phone Number)

3. FAX NUMBER: 318-752-9011 (Fax No.)

4. BUSINESS ADDRESS: Saddle River Executive Ctr., 1 Route 17 South (Street and No.) Saddle River (City) NJ (State) 07458 (Zip)

MAILING ADDRESS: Saddle River Executive Ctr., 1 Route 17 South (Street and No.) Saddle River (City) NJ (State) 07458 (Zip)

5. EMPLOYER: PDI, Inc.

6. EMPLOYER'S ADDRESS: Saddle River Executive Ctr., 1 Route 17 South (Street and No.) Saddle River (City) NJ (State) 07458 (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: Sanofi-Aventis

   Address: 300 Somerset Corporate Blvd.
   P.O. Box 6977
   Bridgewater, NJ 08807-0977

   Business or purpose: Pharmaceuticals

   Does this person pay you? No

   If No, who pays you? PDI, Inc.

Form 804, Rev.7/04

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name PDI, Inc.

Address Saddle River Executive Ctr.,
1 Route 17 South
Saddle River, NJ 07458

Business or purpose Pharmaceuticals

Does this person pay you? Yes

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

Form 504, Rev.7/04