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

277
Executive Lobbyist Registration No.

For Office Use Only
Postmark Date: 03/20/06
Reg. 2006
10024
$110.00
3060422

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	Bozeman (Last)	Cindy (First)	Persac (MI)	
2. BUSINESS PHONE	225 261 6044 (Area Code and Phone Number)			
3. FAX NUMBER	Fax No. 225 261 6044			
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: GlaxoSmithKline
   Address: One Franklin Plaza, Philadelphia, PA 19101
   Business or purpose: Pharmaceuticals
   Does this person pay you? No
   If No, who pays you? PDI, Inc.

Form 504, Rev.7/04

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name Ascend Therapeutics

Address Saddle River Exec Ct. 1 Rte 17 South

Business or purpose Pharmaceuticals

Does this person pay you? NO

If No, who pays you? PDI

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