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

297
Executive Lobbyist Registration No.

For Office Use Only
Postmark Date: 01/10/06
Reg. 2006
V#5344
$110.00

3060478

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: LOUKS (Last), BETH (First), A (MI)

2. BUSINESS PHONE: 281-835-9593

3. FAX NUMBER: 281-416-9886

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 Corp. Blvd P.O. Box 6977 Bridgewater, NJ 08807
   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 _____

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

Form 504, Rev.7/04