EXECUTIVE LOBBYING REGISTRATION / RENEWAL FOR THE YEAR OF _____2005___
(Fill in Year.)

[redacted]

For Office Use Only
Postmark Date: 04/8/2006
Reg. 2005
J# 1556291
$110.00 US
3060497

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.

c/o Tracey Damon

1. NAME _____HARDY_____GEORGE_____M_____
Last First MI

2. BUSINESS PHONE _____1-800-496-3772_____
Area Code and Phone Number

3. FAX NUMBER _____215-751-5782_____

4. BUSINESS ADDRESS ____One Franklin Plaza_____Philadelphia_____PA_____19101___
Street and No. City State Zip

MAILING ADDRESS __200 N 16th St_____Philadelphia_____PA_____19102_____
Street and No. City State Zip

5. EMPLOYER __GlaxoSmithKline_____

6. EMPLOYER'S ADDRESS _One Franklin Plaza_____Philadelphia___PA_____19101_____
Street and No. City State 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? ___Yes_____

If No, who pays you? _____

Form 504, Rev.7/04

EXECUTIVE LOBBYING REGISTRATION FORM

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.

George M. Parody

Signature of Lobbyist

Page _____ of _____

Form 504, Rev.7/04