EXECUTIVE LOBBYING REGISTRATION / RENEWAL FOR THE YEAR OF ___2005___
(Fill in Year.)

[redacted]

For Office Use Only:
Postmark Date: 04/21/06
Reg. 2005
V#1556391
$110.00 ur
3060592

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 ___Fontana___ (Last) ___Dianne___ (First) ___F___ (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___ (Street and No.) ___Philadelphia___ (City) ___PA___ (State) ___19101___ (Zip)

MAILING ADDRESS ___200 N 16th St___ (Street and No.) ___Philadelphia___ (City) ___PA___ (State) ___19102___ (Zip)

5. EMPLOYER ___GlaxoSmithKline___

6. EMPLOYER'S ADDRESS ___One Franklin Plaza___ (Street and No.) ___Philadelphia___ (City) ___PA___ (State) ___19101___ (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.

Signature of Lobbyist

Form 304, Rev.7/04