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

351
Executive Lobbyist Registration No.

For Office Use Only
Postmark Date: 04/21/06
Reg 2006
J#1556291
$10.00 US
3060596

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 Simon (Last) Corey (First) John (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?

Missing numbered pages were blank and had no information on them.

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

ATTACH
2" X 2"
PHOTOGRAPH
HERE

Form 504, Rev.7/04