LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

362

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 06/28/04
Reg. 2004
V# 11072
$110.00 US

Amendment(s) Attached

3060678

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, (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 Rosenau (Last) Samuel (First) C. (MI)

2. BUSINESS PHONE (318) 561-9534 (Area Code and Phone Number)

3. BUSINESS ADDRESS 609 West Way Drive, (Street and No.) Alexandria, (City) Louisiana (State) 71303 (Zip)

MAILING ADDRESS Same as above (Street and No.) (City) (State) (Zip)

4. EMPLOYER AstraZeneca Pharmaceuticals, LP

5. EMPLOYER'S ADDRESS 1800 Concord Pike, P.O. Box 15437, (Street and No.) Wilmington, (City) Delaware (State) 19850-5737 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (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 AstraZeneca Pharmaceuticals, LP

Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

Does this person pay you? Yes

If No, who pays you? N/A

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006

(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 07/06/06
Reg. 2006
J# 11072
$110.00 WY

AMENDMENT

3060678

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Does this person pay you? Yes

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LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

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 the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

Form 000, Rev. 10/2002

AMENDMENT

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

3. Name N/A

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

4. Name N/A

   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