# EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

230
**Executive Lobbyist Registration No.**

**FOR OFFICE USE ONLY**
Postmark Date: Oct 27 '06
TERM

3060705

## Instructions

- Print in ink or type.
- Complete form and return to 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. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Blistan (Last) Beth (First) M. (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (800) 822-9209
(Area Code) Phone Number

3. FAX PHONE (504) 872-9500

4. BUSINESS ADDRESS 710 Valmont Street (Street and No.) New Orleans (City) Louisiana (State) 70115 (Zip)

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

5. EMPLOYER AstraZeneca Pharmaceuticals, LP

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

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

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.

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of June 22, 2006

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| _____ |
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2) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

**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.

Beth McBister
**Signature of Lobbyist**