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EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

FOR OFFICE USE ONLY
Postmark Date: 8-14-07
2007 Reg
$110
#151800
SCANNED
AUG 21 2007
By:
3070493

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 Markus (Last) Marvin (First) (MI)

2. BUSINESS PHONE (212) 902-1000 (Area Code and Phone Number)

3. FAX NUMBER (212) 256-4976

4. BUSINESS ADDRESS 85 Broad Street (Street and No.) New York (City) NY (State) 10004 (Zip)

MAILING ADDRESS c/o Kenneth Olson 85 Broad Street, 24th Floor (Street and No.) New York (City) NY (State) 10004 (Zip)

2007 AUG 15 AM 9:51

5. EMPLOYER Goldman, Sachs & Co.

6. EMPLOYER'S ADDRESS 85 Broad Street (Street and No.) New York (City) NY (State) 10004 (Zip)

7. 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 Goldman, Sachs & Co.

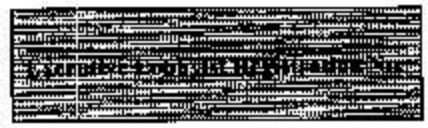
Address 85 Broad Street New York NY 10004

Business or purpose Financial Services

Does this person pay you? Yes

If No, who pays you?

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_____ _____ _____ _____ _____

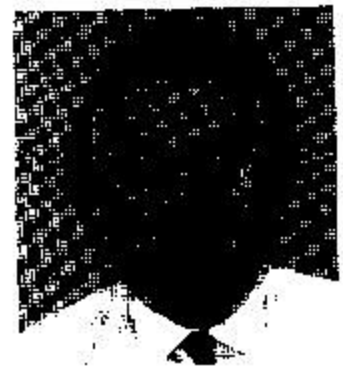
   Address_____ _____ _____ _____ _____

   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