# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2008

(Fill in year.)

86

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1/22/08

Ren-08
Ck# 12508
$110.00
ackv

3070784

## 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 **Webb** (Last) **Mary Beth** (First) _____ (MI)

2. BUSINESS PHONE **(972) 980-9399** (Area Code and Phone Number)

3. FAX NUMBER **(972) 385-6151**

4. BUSINESS ADDRESS **7820 Leameadow Drive** (Street and No.) **Dallas** (City) **Texas** (State) **75248** (Zip)

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

5. EMPLOYER **Boehringer Ingelheim Pharmaceuticals, Inc.**

6. EMPLOYER'S ADDRESS **600 Galleria Parkway, Suite 1425** (Street and No.) **Atlanta** (City) **Georgia** (State) **30339** (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 **Boehringer Ingelheim Pharmaceuticals, Inc.**

   Address **600 Galleria Parkway, Suite 1425, Atlanta, Georgia 30339**

   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 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.

Mary Beth Webb

**Signature of Lobbyist**

ATTACH
2" x 2"
PHOTOGRAPH
HERE