

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE

05 JUN -6 PM 1:20

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 04/20/2005  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant name Hogan & Hartson L.L.P.Address 555 Thirteenth Street N.W.City WashingtonState DCZip 20004-1109

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) USA

5. Telephone number and contact name

(202) 637-8626

Contact Roberts, Beth L.

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name Nabi BiopharmaceuticalsAddress 5800 Park of Commerce Blvd. NWCity Boca RatonState FLZip 33487

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) USA

9. General description of client's business or activities

pharmaceutical company

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Roberts, Beth L.	



Registrant Name Hogan & Hartson L.L.P.

Client Name Nabi Biopharmaceuticals

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1.

HCR     MMM                           

12. Specific lobbying issues (current and anticipated)

Bioshield II; Medicare

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No → Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text"/>

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No → Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	

Signature [Handwritten Signature]

Date 6/6/05

Printed Name and Title Roberts, Beth L. (Partner)

Form LD-1 (Rev. 06/98)