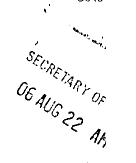
of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

2. House Identification	ation Number	31811 <b>052</b>	Effective Date of Registration  Senate Identification Number	04/21/2006
REGISTRANT 3. Registrant name	Organization The D	uberstein Group Inc		
	Pennsylvania Ave, NV	***************************************	Suite 500	
City Washi	ngton	State Do	C Zip 20037	US/
	of business (if differe			***************************************
City		State	Zip	
5. Telephone numl 202-728	per and contact name	Prefix Full Nar	ne S. Berman <u>E-mail</u> mberman@duber	steingroup.com
	tion of registrant's bu sulting and governme			
7. Client name N	"Self" and proceed to line 10 lovartis Vaccines & D		n client. Organizations employing in-house lobbyi	sts should check the bo
	Street, NW, Suite 10			
City Washi			C Zip 20005	Country US,
	of business (if differe	·	·	
	tion of client's busine		Zip ucts to improve human health	Country
section has serve	ed as a "covered executi	ve branch official" or '	Go to part of the client identified on line covered legislative branch official" with position(s) in which the person served.  Covered Official Position (if apprenticed)	in two years of firs
Michael	·Berman			
Steven	Champlin			••••••••••••••••••••••••
Kenneth	Duberstein	***************************************		
Henry	Gandy			
Daniel .	Meyer	26 0629 4090 9941 07	1cb8fe03a0 - Page 1 of 4	······

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BUD PHA		approdoto codo	nated in mad decions an	on the reverse side of rothic	.υ-1, pa
				<del></del>	<u></u>
12. Specific lobbying i Legislation relating to		• •	ng; and general vaccine-r	elated proposals	
AFFILIATED ( 13. Is there an entity of a semiannual period	ther than the client	that contributes m	ore than \$10,000 to the l supervises or controls the	Go to page 3 to add mobbying activities of the registrant's lobbying activiti	ant in
No ⇔ Go to	line 14.	Yes⊏	Complete the rest criteria above, there	of this section for each entity map proceed to line 14.	atching
. Name			Address	Principal place of (city and state or	
			and the second s		
FOREIGN ENT 14. Is there any foreig				Go to page 3 to add mo	re foreig
J	, ,	A supposabin in the		on identified on line 13: <b>0r</b>	
b) directly the clier c) is an aff	or indirectly, in wh	ole or in major par on identified on lin	rt, plans, supervises, com le 13; <b>O</b> T	trols, directs, finances or subsid	
b) directly the clier c) is an aff lobbying	or indirectly, in wh nt or any organizatio iliate of the client o	ole or in major par on identified on lin r any organization	rt, plans, supervises, cont le 13; <b>OT</b> lidentified on line 13 and Yes⇔ Comple	trols, directs, finances or subsided has a direct interest in the outer te the rest of this section for each g the criteria above, then sign a	come o
b) directly the clier c) is an aff lobbying	or indirectly, in what or any organization is a client of the client of activity?	ole or in major par on identified on lin r any organization	rt, plans, supervises, contact plans, supervises, contact plans and registrate principal place business	trols, directs, finances or subsider that a direct interest in the outer te the rest of this section for each general general general above, then sign a sion.  Of Amount of contribution for	come of the entity and date
b) directly the clier c) is an aff lobbying No ⇔ Sign a	or indirectly, in what or any organization it or any organization it of the client of activity?  Indicate the registrate of the control of th	ole or in major par on identified on lin r any organization ion.  Address  State/Province Cou	rt, plans, supervises, conte 13; <b>OT</b> identified on line 13 and  Yes Comple matchin registrat  Principal place business (city and state or context)  Basel	trols, directs, finances or subsided has a direct interest in the outest te the rest of this section for each g the criteria above, then sign a ion.  Of Amount of contribution for	come o
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b) directly the clier c) is an aff lobbying  No ⇔ Sign an  Name	or indirectly, in what or any organization illustrated activity?  Indicate the registrated activity.  Street Address City Lichstrasse 35	ole or in major par on identified on lin r any organization ion.  Address  State/Province Cou	rt, plans, supervises, conte 13; <b>OT</b> identified on line 13 and  Yes Comple matchin registrat  Principal place business (city and state or context)  Basel	trols, directs, finances or subsider that a direct interest in the outer terms and the criteria above, then sign a sion.  Of Amount of contribution for lobbying activities  CH \$0	come o