

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

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 05/13/2005

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Hogan & Hartson L.L.P.

Address 555 Thirteenth Street N.W.

City Washington

State DC

Zip 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 check this box and proceed to line 10.*  Self

7. Client name Sanofi-Aventis

Address SC3-705A, 300 Somerset Corporate Blvd

City Bridgewater

State NJ

Zip 08807

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)
<u>Roberts, Beth L.</u>	
_____	
_____	
_____	



Registrant Name Hogan & Hartson L.L.P.

Client Name Sanofi-Aventis

**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)

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 client or any organization identified on line 13 of 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 *Boyd Y. Roberts*

Date 6/6/05

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

Form LD-1 (Rev. 06/98)