

REED SMITH SHAW & MCCLAY LLP

SECRETARY OF THE SENATE

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September 15, 2000

Via First Class Mail

Clerk, United States House of Representatives  
Legislative Resource Center  
B-106 Cannon House Office Building  
Washington, DC 20515

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

Dear Sir/Madam:

Enclosed for filing on behalf of Reed Smith Shaw & McClay please find the following:

1. Lobbying Registration
2. 1999 Year-End Lobbying Report
3. Mid-Year 2000 Lobbying Report

Registration for this client was previously terminated. We inadvertently did not reactivate this registration or file the enclosed year-end 1999 report. We apologize for this oversight. If you have any questions or concerns, please contact me at the above telephone number.

Sincerely,

*David T. Hickey*  
David T. Hickey

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VIRGINIA - Falls Church - McLean - Richmond - Leesburg • WASHINGTON, D.C.

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 8/1/99  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Reed Smith Shaw & McClay, LLP  
 Address 1301 K Street, NW  
 City Washington, DC State DC Zip 20005  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name  
(202) 414-9200 Contact Marc Scheineson 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 the box labeled "Self" and proceed to line 10.*  Self

7. Client name Solus Research, Inc.  
 Address 6262 LaPas Trail  
 City Indianapolis State IN Zip 46268  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or-Country) \_\_\_\_\_  
 9. General description of client's business or activities  
Medical Research

## 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 listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first 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)
Marc J. Scheineson	

Registrant Name Reed Smith Client Name Solus Research

**LOBBYING ISSUES**

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

FOO      MED     

12. Specific lobbying issues (current and anticipated)  
Food and Drug related legislative and regulatory activities.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in 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)

**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 subsidizes 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 outcome 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	Ownership percentage in client

Signature David T. Hickey Date 9-15-00  
 Printed Name and Title David T. Hickey, Associate