Clear all data

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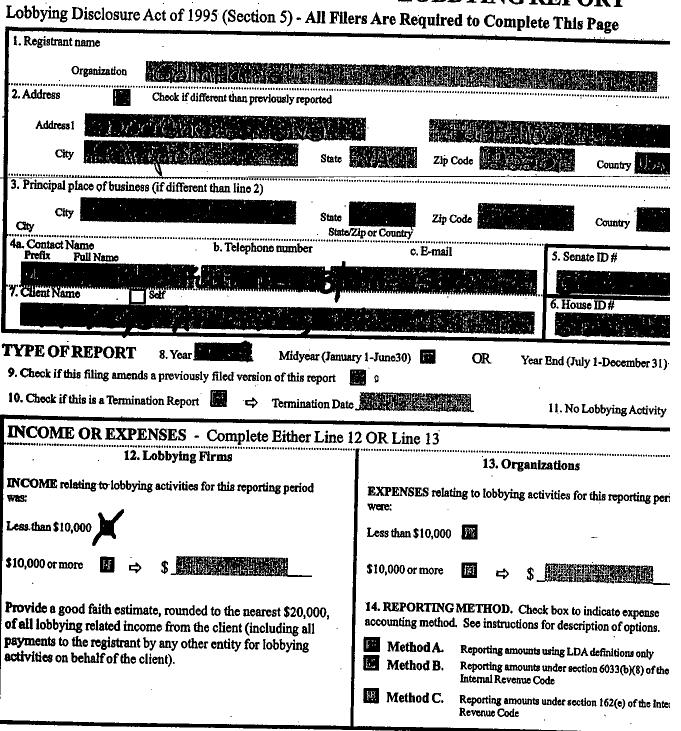
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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

RECRETARY OF THE TEMATE

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LOBBYING REPORT



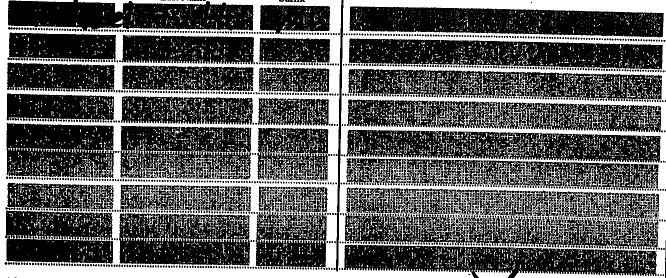
Form Comple

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C-Michael Fulton 2/14/05

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Client Name Flexsys Amen Registrant Name Golinhams LOBBYING ACTIVIY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Ifng a separate page for eah ode, information as reqested. Attach additional page(s) as needed. 15. General issue area code (one per page) 16. Specific lobbying issues Add page to continue specific issues description for this issue 17. House(s) of Congress and Ederal agencies contacted heck if None 18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue additing lobbyists for this Name Covered Official Position (if applicable) First Name Suffix



19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title Company of the Printed Name and Title Company o

Registrant Name Golin Harris				ient Name		lexsys Amer		
Information bidate Page - Complete ONLY here registration information has hanged.								
20. Client new address Address City			State		Zip Code		Count	уЩ
21. Client new principal City 22. New general descrip			State .		Zip Code		Count	у
LOBBYIST PDATE 23. Name of each prev	iously repo	rted individual v	vho is no lon	ger expected	d to act a	as a lobbyist	for the cl	ent
1 2	Last Nam	e Su	3 4	Piret Name		Last Name		Suf
ISSE PDATE 24. General lobbying is	ssues that n	o longer pertain		(F) del 18(3)		Selection of the		
AFFILIATED OPC	ANIZTIC	NC						
AFFILIATED ORGANIZTIONS 25. Add the following affiliated organization(s)								
Name			Address		•	Principa (city and	al place of Bu of state or co	siness
		Address C/S/Z Address C/S/Z				City State City State	Count	
26. Name of each previ		ted organization t	hat is no lon	ger affiliate	ed with t	he registran	or client	
FOREIGN ENTITH 27. Add the following for		ies						
Name	Street Address City	Address State/Province	(city	ipal place of busi and state or coun		Amount of co		Owners percent client
			11.3	Country	abumosost (acut			
28. Name of each previou affiliated organization 1 2	sly reported	foreign entity that	no longer ow	as, or control	s, or is a	ffiliated with	the registra	nt, clie

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