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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 |
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SECRETARY OF THE SENATE
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00000680766

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 07/15/2004
 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
202/637-5881 Contact Silverman, Richard S. E-mail (optional) rssilverm
 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 Mead Johnson Nutritionals
 Address 2400 West Lloyd Expressway
 City Evansville State IN Zip 47721
 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
Infant Formula, pharmaceuticals

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) |
|------------------|---|
| Yeutter, Clayton | |
| | |
| | |

Registrant Name Hogan & Hartson L.L.P.

Client Name Mead Johnson Nutritionals

000005811767

LOBBYING ISSUES

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

| | | | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> FOO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

12. Specific lobbying issues (current and anticipated)

Breast-feeding issues

AFFILIATED ORGANIZATIONS

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

No ⇒ Go to line 14.

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

| Name | Address | Principal Place of Bu (city and state or co |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text"/> USA |

FOREIGN ENTITIES

14. Is there any foreign entity that:

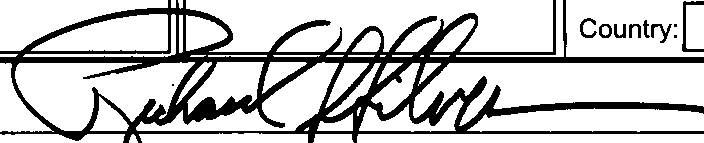
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate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

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for e matching the criteria above, then sign registration.

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

Signature



Date

7/20/04

Printed Name and Title Silverman, Richard S. (Partner)

Form LD-1 (Rev. 06/98)