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

Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amen	ded Registration		1. Effective Date of Registration	9/1/01		
2.	House Identification Number			Senate Identification Number			
R	EGISTRANT						
3.	Registrant Name	Palmetto Group					
	Address	801 Pennsylvania	Avenue, N.W.	Suite 730			
	City	Washington		State DC Zip 20004			
4.	Principal place of bu	al place of business (if different from line 3) State/Zip (or Country)					
5.	Telephone number a 202-638-7780	and contact name John Winburn	Contact	E-Mail (optional)			
6.	General description of registrant's business or activities Legislative Consulting Firm						
C]		bying firm is required to ed "Self" and proceed to Maersk Sealand		ration for each client. Organizations employing	in-house lobbyists should		
	Address 1101 17th Street, N.W.		Suite 610				
	City	Washington		State DC Zip 20036			
8.	Principal place of business (if different from line 7) City State/Zip (or Country)						
9.	General description of client's business or activities Shipping Company						
	in this section has se	rved as a "covered ex	ecutive branch offic	as a lobbyist for the client identified on line cial" or "covered legislative branch official" l/or legislative position(s) in which the pers	within two years of		
	Name			Covered Official Position	(if applicable)		
	Ed Jenkins						
	David Rudd						
	John Winburn						

Registrant Name:	Palmetto Group						
Client Name:	Maersk Sealand						
LOBBYING 11. General lobb MAR		applicable codes listed i	n instructions and on the rev	erse side of Form LD-1, page 1.			
12. Specific lobb Maritime Se	oying issues (current and ar	nticipated)					
13. Is there an er		at contributes more than	\$10,000 to the lobbying act or controls the registrant's lo				
🔀 No. Go t	o line 14.	☐ Yes. Complete the rest of this section for each entity matchic criteria above, then proceed to line 14.					
	Name	A	ddress	Principal Place of Busin (city and state or count			
FOREIGN E	NACALITY						
a) hold b) direct of the c) is an	oreign entity that: is at least 20% equitable ow ctly or indirectly, in whole the client or any organization	or in major part, plans, s n identified on line 13; o	r	n line 13; or finances, or subsidizes activities nterest in the outcome of the			
₩ No. Sign	and date the registration.	☐ Yes.	Complete the rest of this s criteria above, the sign and	section for each entity matching the date the registration.			
Name		Address	Principal Place of Busin				
Signature	Dill	Uller		Date 10/2/2001			