

1800 M Street, N.W.
Washington, D.C. 20036-5869
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Fax: 202-467-7176

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**Morgan, Lew.
& Bockius L**
COUNSELORS AT L

Kathryn L. Gleason
202-467-7207

September 10, 2001

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

Dear Sir or Madam:

Enclosed are two original initial Lobby Registration forms (LD-1s) for Morgan, Lewis & Bockius, LLP as lobbyist for Regeneration Technologies, Inc. We would very much appreciate your recordation of this registration. We have also enclosed an extra copy which we would like you to date-stamp "received," and return to us via the messenger making this filing on our behalf.

Thank you for your attention.

Sincerely,



Karen O'Connell
for Kathryn L. Gleason, Esq.

Enclosures

Philadelphia Washington New York Los Angeles Miami Harrisburg Pittsburgh Princeton
London Brussels Frankfurt Tokyo Singapore Jakarta



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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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration August 10, 2010

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Morgan, Lewis & Bockius, LLP

Address 1800 M Street, N.W.

City Washington State D.C. Zip 20036

4. Principal place of business (if different from line 3)

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

(202) 467-7207

Contact Kathryn L. Gleason

E-mail (optional) kgleas

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 Regeneration Technologies, Inc.

Address One Innovation Drive

City Alachua State FL Zip 32615

8. Principal place of business (if different from line 7)

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

tissue processor

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 the past 12 months, 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>Kathryn L. Gleason, Esq.</u>	
<u>M. Elizabeth Bierman, Esq.</u>	
<u>Phoebe Mounts, Ph.D., Esq.</u>	



LOBBYING ISSUES

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

HCR SCI MED

12. Specific lobbying issues (current and anticipated)

language in Senate Appropriations Report 107-41 regarding tissue pooling in The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, 2002.

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 Bus (city and state or cou

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 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 of the lobbying activity?

- No ⇒ Sign and date the registration. Yes ↓ Complete the rest of this section for each matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date Sept 16, 2

Printed Name and Title Kathryn L. Gleason, Esquire, attorney

