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 SECRETARY OF THE SENATE

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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 7/22/03
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name McDermott, Will & Emery
 Address 600 13th St., N.W.
 City Washington 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) 756-8035 Contact James Gould E-mail (optional) jgould@r
 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 lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client Name: Hoffman-LaRoche Inc.
 Address: 340 Kingsland St.
 City Nutley State NJ Zip 07110
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Pharmaceutical

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 an 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 served.

Name	Covered Official Position (if applicable)
James Gould	
James Riedy	

Registrant Name McDermott, Will & Emery

Client Name: Hoffman-LaRoche Inc.

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LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)

Tax Legislation affection section 163 of the Internal Revenue Code.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regi semianual 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 t above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or count

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 subsidize 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 outc lobbying activity?

No ⇒ Sign and date the registration.

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

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

Signature 
Printed Name and Title James Gould, Partner

Date 8/5/03

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