

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 REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Hogan & Hartson L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 13th Street, N.W. Washington, DC 20004-1109			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name House, W. Michael	Telephone (202) 637-5636	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Metabolife International			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____11. No Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
<input type="checkbox"/> Method A. Reporting amounts using LDA definition
<input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code
<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature W. Michael House

Printed Name and Title House, W. Michael (Partner)

LD-2 (REV. 6/98)

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Registrant Name Hogan & Hartson L.L.P. Client Name Metabolife International

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Measures relating to dietary supplements, including S-722, S-1538, H.R. 3377.

17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate

18. Name of each individual who acted as a lobbyist in this issue area

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.
Name Covered Official Position (if applicable)

Greco, Kimberly A.	
Porter, John Edward	

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

Signature

Date 02/13/2004

Signature _____ Date _____

Printed Name and Title House, W. Michael (Partner)

Form LD-2 (Rev.6/98)

Page _

Registrant Name Hogan & Hartson L.L.P. Client Name Metabolife International

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/ _____ Zip: _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Beier, David

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cou
		City: State: Zip: Country:

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registra affiliated organization

Signature W. Michael House Date _____

Printed Name and Title House, W. Michael (Partner)

Form LD-2 (Rev. 6/98)

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