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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 Aug. 15, 200
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name **MAYER BROWN ROWE & MAW LLP**
 Address **1909 K STREET, NW**
 City **WASHINGTON** State **DC** Zip **20006**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name
 (202) 263-3262 Contact: **CHARLES S. TRIPLETT** E-mail (optional): **ctriplett@may**
 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 labeled "Self" and proceed to line 10. Self*

7. Client Name **MOTOROLA, INC.**
 Address **1303 E. ALGONQUIN RD.**
 City **SCHAUMBURG** State **IL** Zip **60196**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
ELECTRONICS AND TELECOMMUNICATIONS

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 a this section has served as a "covered executive branch official" or "covered legislative branch official" within 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 applic
CHARLES S. TRIPLETT	
PETER SCHER	

Registrant Name **MAYER, BROWN, ROWE & MAW LLP**

Client Name **MOTOROLA, INC.**

LOBBYING ISSUES

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

TAX

12. Specific lobbying issues (current and anticipated)

CROSS LICENSING AGREEMENT TAX POLICY QUESTIONS.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client in a semiannual 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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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 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 outcome of the lobbying activity?

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

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

Signature Charles S. Triplett Date 8-15-05

Printed Name and Title CHARLES S. TRIPLETT, PARTNER

