ve Resource Center Cannon Building shington, DC 20515

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

SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amer	nded Registration	1. Effective Date of Registration	7/15/2005
2. House Identification Number		Senate Identification Number	
REGISTRANT			
3. Registrant Name	The GEO Group, Inc.		
Address	621 Northwest 53rd Street	Suite 700	
City	Boca Raton	State FL Zip 33487	USA
4. Principal place of b	usiness (if different from line 3)	State/Zip (or Country)	
5. Telephone number (561) 999-7360	and contact name Contact Louis V. Carrillo	E-Mail (optional)	
-	of registrant's business or activities ion, operation and management of p	risons, detention facilities, and mental hea	ulth hospitals.
	bbying firm is required to file a separate regied "Self" and proceed to line 10. 🛛 Self	ristration for each client. Organizations employin	ng in-house lobbyists sh
Address	· ·		-
City		State Zip	
8. Principal place of b	usiness (if different from line 7)	State/Zip (or Country)	
9. General description	of client's business or activities		
in this section has s	erved as a "covered executive branch o	ct as a lobbyist for the client identified on li fficial" or "covered legislative branch offici and/or legislative position(s) in which the pe	al" within two years
Name		Covered Official Position	on (if applicable)
Louis V. Carrillo			

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	The GEO Group, In	<u> </u>			
(H	The GEO Group, Inc.				
OBBYING 11. General lobb LAW		all applicable codes listed i	in instructions and on the	reverse side of Form LD-1, page	
•	ying issues (current and and regulatory activiti	-	on industry, as well as m	ental health hospital industry.	
13. Is there an er	D ORGANIZAT		n \$10,000 to the lobbying , or controls the registrant	; activities of the registrant in a	
🛭 No. Go t	o line 14.	☐ Yes.	Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.		
	Name		Address	Principal Place of B (city and state or co	
a) hold b) dire of tl c) is an	foreign entity that: is at least 20% equitable ctly or indirectly, in who ne client or any organiza	tion identified on line 13;	supervises, controls, director	ed on line 13; or ets, finances, or subsidizes activit rect interest in the outcome of the	
🛮 No. Sign	and date the registration	n. 🔲 Yes.		this section for each entity matchin and date the registration.	
Name		Address	Principal Place of I		
	\wedge 1	1///	1	Date 8/15/2005	