Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

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LOBBYING REGISTRATION

ob	bying Disclosure	e Act of 1995 (Section 4)		i		
Che	eck if this is an Amen	ded Registration	1. Effective Date of Registration	10/1/2002		
2.	House Identification Number		Senate Identification Number			
— RI	EGISTRANT					
3.	Registrant Name	Piper Rudnick LLP				
	Address	901 15th Street, N.W.	Suite 700			
	City	Washington	State DC Zip 20005	· · · · · · · · · · · · · · · · · · ·		
4.	Principal place of b	usiness (if different from line 3)				
	City		State/Zip (or Country)			
5.	Telephone number a	and contact name Contact	E-Mail (optional)			
	(202) 371-6000	John H. Zentay	john.zentay@piperrudnick.com			
6.	General description	of registrant's business or activities				
	Law firm			<u>-</u>		
7.	Client Name Address	Signature Flight Support 201 South Orange Avenue	Suite 1100			
	City	Orlando	State FL Zip 32801			
8.	Principal place of b	ousiness (if different from line 7)				
	City		State/Zip (or Country)			
9.	General description of client's business or activities Aviation support services					
	in this section has s	served as a "covered executive branch of	ct as a lobbyist for the client identified on li official" or "covered legislative branch offici and/or legislative position(s) in which the p	al" within two years of		
	Name		Covered Official Positi	on (if applicable)		
	Gary J. Klein					
	Steven R. Phillips	<u></u>				
						

Form LD-1 (Rev. 06/98)

00030041015

Registrant Name:	Piper Rudnick LLP			(
Client Name: Signature Flight Supp				(
LOBBYING 11. General lobb AVI		oplicable codes listed in	instructions and on the reverse side	e of Form LD-1, page 1.9			
12. Specific lobb							
13. Is there an er	period and in whole or major	t contributes more than \$	\$10,000 to the lobbying activities or controls the registrant's lobbying Complete the rest of this section criteria above, then proceed to line	activities? for each entity matching			
Name		Address		Principal Place of Busi (city and state or coun			
a) hol	foreign entity that: ds at least 20% equitable ow	nership in the client or a	ny organization identified on line ipervises, controls, directs, finance	13; or			
of t c) is a	he client or any organization	identified on line 13; or					
🔀 No. Sig	n and date the registration.	☐ Yes.	Complete the rest of this section criteria above, the sign and date				
Name	2	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities			
Signature	90180		Date	2/14/2003			

Printed Name and Title

Form LD-1 (Rev. 06/98)