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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 \_\_\_\_\_

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Reed Smith, LLP

Address 1301 K Street, N.W. Suite 1100 - East Tower

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) 414-9238

Contact C. Stevens Seale

E-mail (optional) sseale@reed-smith.com

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 shall be labeled "Self" and proceed to line 10.*  Self

7. Client name Alexion Pharmaceuticals, Inc.

Address 352 Knotter Drive

City Cheshire State CT Zip 06410

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 research and development

## 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 this section has served as a "covered executive branch official" or "covered legislative branch official" with 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 a)
<u>C. Stevens Seale</u>	<u>Former Chief Counsel on Ma</u> <u>staff of Sen. Trent Lott (</u>

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Registrant Name Reed Smith, LLP

Client Name Alexion Pharmaceuticals, Inc

**LOBBYING ISSUES**

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

PHA

BUD

12. Specific lobbying issues (current and anticipated)

Appropriations for pharmaceutical research and development

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities a semiannual period and in whole or in major part plans, supervises or controls the registrant's lob

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each the criteria above, then proceed to line 1

Name	Address	Principal Place (city and state)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

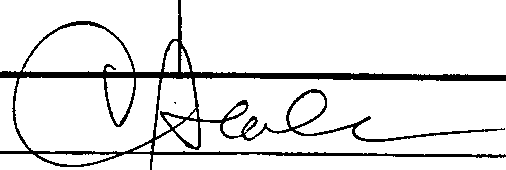
- a) holds at least 20% equitable ownership in the client or any organization identified on line
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, financ activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct intere of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section matching the criteria above, then registration.

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

Signature



Date

2/14/12

Printed Name and Title C. Stevens Seale, Partner, Government Relations