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 REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

| | | | | l. Effective Date | e of Registration | 11/01 | /2005 | |
|---|--|-----------------------|---|---|--|---|-------------|--|
| 2. House Identification Number | | 30666 | <u>.</u> | Senate Identification Number | | 263 | 26318 | |
| REGISTRANT | | | | | | | | |
| 3. Registrant nam | e Organization MWW G | roup | | | | | | |
| Address 1747 | Pennsylvania Avenue, N | W | | Suite | 1150 | | | |
| City Wash | ington | | State DC | | 20006 | | USA | |
| 4. Principal place | of business (if different t | | 3) | | | | | |
| City | | | State | Zip | | | | |
| 5. Telephone num 202-29 | ber and contact name | Prefix | Full Name William Moi | lev E., | nai wmorley@mww | com | ••••• | |
| 6. General descrip | otion of registrant's busin overnment relations | *************** | | Ez-II | iali mionej@iim | | | |
| CLIENT A Lobby labeled 7. Client name | v ing firm is required to file a sepa "Self" and proceed to line 10. Pfizer, Inc. | rate registre Self | ation for each cli | ent. Organizations et | nploying in-house lobb | yists should check | t the bo. | |
| Address 235 E | | , | *************************************** | | ······································ | | ********** | |
| City New \ | ork (| | State NY | | 10017 | Country | US | |
| 8. Principal place | of business (if different t | | | | *************************************** | *************************************** | | |
| City | | | State | Zip | | Country | | |
| · | tion of client's business of the contract of t | or activit | ies | | | | *********** | |
| section has serv | dividual who has acted or is ed as a "covered executive l e client, state the executive Name Last | branch of | Ticial" or "cov egislative posi | vered legislative b tion(s) in which t | nt identified on line ranch official" wit | hin two years o | on lis | |
| William | Morley | - | | | | | | |
| Kirsten | Aldonas | | | | | | | |
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| ••••••••••••••••••••••••••••••••••••••• | | | | | | | | |

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| Registrant Name MWW Group | Client Name Pfizer, Inc. | | | | |
|---|--|---|---|--|--|
| LOBBYING ISSUES Find 11. General lobbying issue areas. Select a | the code to select beloall applicable codes listed | | Go to page 3 to add more lobbying everse side of Form LD-1, pag | | |
| 12. Specific lobbying issues (current and CAFTA implementation, Andean FTA, | • · · · · · · · · · · · · · · · · · · · | <u>,, </u> | | | |
| AFFILIATED ORGANIZA 13. Is there an entity other than the client a semiannual period and in whole or | t that contributes more th | an \$10,000 to the lobbying a | Go to page 3 to add more organi. activities of the registrant in ant's lobbying activities? | | |
| No ⇔ Go to line 14. | Yes Complete the rest of this section for each entity matchic criteria above, then proceed to line 14. | | | | |
| Name | Addres | S | Principal place of Business (city and state or country) | | |
| | | | · | | |
| FOREIGN ENTITIES 14. Is there any foreign entity that: | | | Go to page 3 to add more foreign | | |
| a) holds at least 20% equitab b) directly or indirectly, in w the client or any organizat | hole or in major part, plan ion identified on line 13; | ns, supervises, controls, dire Or | ed on line 13: OT cts, finances or subsidizes active rect interest in the outcome of | | |
| No ⇒ Sign and date the registra | ation. | | of this section for each entity eria above, then sign and date t | | |
| Name Street Address City | Address State/Province Country | Principal place of business (city and state or country) | Amount of Ow contribution for pen lobbying activities in | | |
| Printed Name and Title William Mo | orley, Senior Vice Pre | sident and Managing D | Form Con | | |

| | BBYING ISSI obbying issue areas below. | UES s. Enter any add | Covered | d Official | Position (if applicable) | o finish ti |
|---|---|--|------------------------|--------------|---|--------------|
| ADDITIONAL LOI 1 Supplemental. General I Find the code to select | Name Last BBYING ISSI obbying issue areas below. GANIZATION | UES s. Enter any add | Covered | d Official | Return to page 2 to ted on page 2, number 1 | 1. |
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| 3 Supplemental. List any | | | | | | |
| | other affiliated org | ganization that n | neets the criteria spe | cified and | l is not listed on page 2, | numbe |
| Name | | Address | | | Principal place of Business (city and state or country) | |
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| | Address Street Address City Stat | s te/Province Country | Principal place of to | | Amount of contribution for lobbying activities | Ov percen |
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