

Virginia Conflict of Interest and Ethics Advisory Council LOBBYIST REGISTRATION FORM (Rev. 4/05)

FOR OFFICE USE ONLY

Please send the original and a copy with a \$50.00 registration fee, made Payable to the Treasurer of Virginia to:

Principal Notification Date ______

Date Received ____
Fee Paid: Check # _____ Cash____

Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St 4th Floor Richmond, Virginia 23219

| (1a) What type of business is the principle engaged in: | |
|--|---------|
| | |
| Pharmaceutical manufacturer | |
| Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. <i>The sam may not appear in items 2 and 5 of this form.</i> | name |
| (2) Name: Gregory Slyfield | · |
| (2a) Business Address: One Health Plaza, 701/433 East Hanover, NJ 07936 | |
| (2b) Business Telephone: | |
| Officer of Principal who will retain ALL records, in behalf of the principal, with respect to your lobbying activities for organization. If records are physically stored in another location, please so indicate in the space provided by item 3c. | r their |
| (3) Name: Gregory Slyfield | |
| One Health Plaza, 701/433 East Hanover, NJ 07936 (3a) Business Address: | |
| (3b) Business Telephone: | |
| (3c) Business Address/Telephone number of location where records are stored: | |
| | |
| | |

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the *PRINCIPAL* listed in item 1 of your registration form.

N/A

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

| | Neely Frye |
|---|---|
| (5a) Business Address: | 1140 Cord Drive Hummelstown, PA 17036 |
| | 717-566-7611 |
| · · · | neely.frye@novartis.com |
| | L records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated cally stored in another location, please so indicate in the space provided in item 7d. |
| (6) Name: | Gregory Slyfield |
| (6a) Business Address: | One Health Plaza, Bldg. 701/433 East Hanover, NJ 07936 |
| | 8627786664 |
| | phone number of location where records are stored: |
| • • | which you expect to lobby: (be as specific as possible in this response) |
| All matters related t | to healthcare and pharmaceuticals |
| All matters related t (8) As a lobbyist, you are: (| to healthcare and pharmaceuticals |
| All matters related t (8) As a lobbyist, you are: (Employed (Lobb | check one) |
| All matters related to (8) As a lobbyist, you are: (Employed (Lobbyist) Retained (Lobbyist) | check one) yist is on payroll of principal) |
| All matters related to (8) As a lobbyist, you are: (Employed (Lobby) Retained (Lobby) Not Compensate | check one) yist is on payroll of principal) ist is not on payroll of principal, but is compensated) |
| All matters related to (8) As a lobbyist, you are: (Employed (Lobby) Retained (Lobby) Not Compensate | check one) yist is on payroll of principal) ist is not on payroll of principal, but is compensated) d (Lobbyist is not compensated, but expenses may be reimbursed) |
| All matters related to (8) As a lobbyist, you are: (Employed (Lobby) Retained (Lobby) Not Compensate (9) If you are employed either I, the undersigned | check one) yist is on payroll of principal) ist is not on payroll of principal, but is compensated) d (Lobbyist is not compensated, but expenses may be reimbursed) er part-time or full-time by the principal, please give your job title: |