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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 1/5/2004

2. House Identification Number 31167000 Senate Identification Number 18411-12

REGISTRANT

3. Registrant name Hoffmann-LaRocheInc.

Address 1425KStreetNW,Suite650

City Washington State DC Zip 20005

4. Principal place of business (if different from line 3)

City Indianapolis State/Zip (or Country) IN

5. Telephone number and contact name

(202)408-0090 Contact CandaceSams E-mail (optional) candace

6. General description of registrant's business or activities

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should chec labeled "Self" and proceed to line 10. ☑ *Self*

7. Client name Self

Address

City State Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

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 any p in this section has served as a "covered executive branch official" or "covered legislative branch official" within two y 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 applicable)
DavidNichols	Director, Federal Government

Registrant Name Hoffmann-LaRochelnc. Client Name Self

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

HCR	MMM	PHA	GOV	MED	SCI			

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

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

☐ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity matchir criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or count

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 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsi 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 interest in the ou of the lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eac matching the criteria above, then sign a registration.

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

Signature _____ Date 2/12/04

Printed Name and Title MichaelEging,ExecutiveDirector,PublicPolicy/FederalGovt.