

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001**

Year 2013

Non-Profit ☐ For-Profit ☒

☐ ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

☒ AMENDMENT

Filing Fee Enclosed

☐ \$250.00

☐ \$50.00

1. (a) Registrant's Name Boehringer Ingelheim Pharmaceuticals, Inc. (b) Daytime Phone Number 919-556-6491
(c) Permanent Address 9660-138 Falls of Neuse Road, PMB 188 Raleigh, North Carolina 27615
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)
(e) E-Mail Address matthew.sheffield@stateandfed.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

- | | |
|------------------------------------|--|
| (a) Name <u>Sara Martin</u> | (b) Name <u>Ronald DePue</u> |
| Address <u>5 Cormac Court</u> | Address <u>3537 Graham Meadows Place</u> |
| (Street Address) | (Street Address) |
| <u>Reistertown, Maryland 21136</u> | <u>Henrico, Virginia 23233</u> |
| (City, State, Zip Code) | (City, State, Zip Code) |

- ☐ Daytime Phone Number 410-252-6487 Daytime Phone Number 804-612-3142
☐ If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

- (a) Name N/A (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) Martin, DePue: Salaried Employees (b) Martin, DePue: Indefinite
(Salary) (Duration of Employment)

☐ If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Matters affecting the pharmaceuticals and health care industries

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

Matthew Sheffield:

Matthew C. Sheffield

Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)

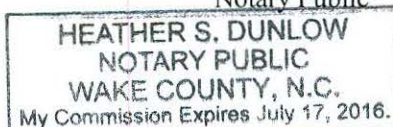
*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 17 day of Jan, 2013.

Heather S. Dunlow

Notary Public

My Commission Expires: July 17, 2016



Rev. 12/2012

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