

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 Fresenius Medical Care (b) Daytime Phone Number 574-273-6787  
(c) Permanent Address 250 E. Day Road, Suite 300 Mishawaka, IN 46545  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address \_\_\_\_\_

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 Martin Guy Rohling (b) Name \_\_\_\_\_  
Address Albers & Company, 1655 North Fort Myer Drive Address \_\_\_\_\_  
(Street Address) (Street Address)  
Suite 700, Arlington, VA 22209 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 703-358-9100 Daytime Phone Number \_\_\_\_\_  
 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) varies (b) 2013  
(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.

Issues relating to dialysis and chronic kidney disease.

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.

William E. Albers  
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. William E. Albers on behalf of Fresenius Medical Care.

Subscribed and sworn to before me on this 15<sup>th</sup> day of January, 2013.  
Alfred Brown  
Notary Public

My Commission Expires: My Comm. Exps. 2/3/2013