U.S. Department of Justice
Washington, DC 205[illegible]

Supplemental Statement

Pursuant to Section 2 of the For[illegible] Agents Registration Act of 1938, as amended.

OMB No. 1105-0002

SEP 27 1990

For Six Month Period Ending _____
(Insert date)

Name of Registrant Ruder.Finn

Registration No. 1481

Business Address of Registrant

301 East 57 Street
New York, NY 10022

I—REGISTRANT

1. Has there been a change in the information previously furnished in connection with the following:

(a) If an individual:

(1) Residence address	Yes ☐	No ☐
(2) Citizenship	Yes ☐	No ☐
(3) Occupation	Yes ☐	No ☐

(b) If an organization:

(1) Name	Yes ☐	No ☒
(2) Ownership or control	Yes ☐	No ☒
(3) Branch offices	Yes ☐	No ☒

2. Explain fully all changes, if any, indicated in item 1.

IF THE REGISTRANT IS AN INDIVIDUAL, OMIT RESPONSE TO ITEMS 3, 4, and 5.

3. Have any persons ceased acting as partners, officers, directors or similar officials of the registrant during this 6 month reporting period? Yes ☐ No ☒

If yes, furnish the following information:

Name	*Position*	*Date Connection Ended*

4. Have any persons become partners, officers, directors or similar officials during this 6 month reporting period?
Yes ☐ No ☒

If yes, furnish the following information:

Name	*Residence Address*	*Citizenship*	*Position*	*Date Assumed*

5. Has any person named in Item 4 rendered services directly in furtherance of the interests of any foreign principal?
Yes ☐ No ☐

If yes, identify each such person and describe his services.

Not applicable

6. Have any employees or individuals other than officials, who have filed a short form registration statement, terminated their employment or connection with the registrant during this 6 month reporting period? Yes ☐ No ☒

If yes, furnish the following information:

Name	*Position or connection*	*Date terminated*

7. During this 6 month reporting period, have any persons been hired as employees or in any other capacity by the registrant who rendered services to the registrant directly in furtherance of the interests of any foreign principal in other than a clerical or secretarial, or in a related or similar capacity? Yes ☐ No ☒

If yes, furnish the following information:

Name	*Residence Address*	*Position or connection*	*Date connection began*
Jacqueline Wilson	**624 E 20 Street New York, NY 10009**	**Account Executive**	**6/1/90**
Anne Glauber	**190 Rose Hill New Rochelle, NY 10804**	**Vice President**	**1/2/90**
Bradley Postle	324 Second Avenue New York, NY 10003	Senior AcctExec	6/15/88

II—FOREIGN PRINCIPAL

8. Has your connection with any foreign prinicpal ended during this 6 month reporting period? Yes ☐ No ☒

If yes, furnish the following information:

Name of foreign principal — *Date of Termination*

9. Have you acquired any new foreign principal[1] during this 6 month reporting period? Yes ☒ No ☐

If yes, furnish following information:

Name and address of foreign principal — *Date acquired*

Aderly, 230 Park Avenue, Suite 630, NY, NY 10169
Asea Brown Boveri, 900 Long Ridge Road, P.O. Box 9308, Stamford, CT 06904

10. In addition to those named in Items 8 and 9, if any, list the foreign principals[1] whom you continued to represent during the 6 month reporting period.

Bell Trust Co.
Boehringer Ingelheim
Finnair
KABI
Nõvo Nordisk A/S
Sedgwick Group

III—ACTIVITIES

11. During this 6 month reporting period, have you engaged in any activities for or rendered any services to any foreign principal named in Items 8, 9, and 10 of this statement? Yes ☒ No ☐

If yes, identify each such foreign principal and describe in full detail your activities and services:

Please see attached.

[1]The term "foreign principal" includes, in addition to those defined in section 1(b) of the Act, an individual or organization any of whose activities are directly or indirectly supervised, directed, controlled, financed, or subsidized in whole or in major part by a foreign government, foreign political party, foreign organization or foreign individual. (See Rule 100(a)(9)).

A registrant who represents more than one foreign principal is required to list in the statements he files under the Act only those foreign principals for whom he is not entitled to claim exemption under Section 3 of the Act. (See Rule 208.)

12. During this 6 month reporting period, have you on behalf of any foreign principal engaged in political activity[2] as defined below?
Yes ☐ No ☒

If yes, identify each such foreign principal and describe in full detail all such political activity, indicating, among other things, the relations, interests and policies sought to be influenced and the means employed to achieve this purpose. If the registrant arranged, sponsored or delivered speeches, lectures or radio and TV broadcasts, give details as to dates, places of delivery, names of speakers and subject matter.

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13. In addition to the above described activities, if any, have you engaged in activity on your own behalf which benefits any or all of your foreign principals? Yes ☐ No ☒

If yes, describe fully.

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[2]The term "political activities" means the dissemination of political propaganda and any other activity which the person engaging therein believes will, or which he intends to, prevail upon, indoctrinate, convert, induce, persuade, or in any other way influence any agency or official of the Government of the United States or any section of the public within the United States with reference to formulating, adopting, or changing the domestic or foreign policies of the United States or with reference to the political or public interests, policies, or relations of a government of a foreign country or a foreign political party.

IV—FINANCIAL INFORMATION

14. (a) **RECEIPTS—MONIES**

During this 6 month reporting period, have you received from any foreign principal named in Items 8, 9 and 10 of this statement, or from any other source, for or in the interests of any such foreign principal, any contributions, income or money either as compensation or otherwise? Yes ☒ No ☐

Please see attached

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies.[3]

Date	*From Whom*	*Purpose*	*Amount*

Total

(b) **RECEIPTS—THINGS OF VALUE**

During this 6 month reporting period, have you received any thing of value[4] other than money from any foreign principal named in Items 8, 9 and 10 of this statement, or from any other source, for or in the interests of any such foreign principal? Yes ☐ No ☒

If yes, furnish the following information:

Name of foreign principal	*Date received*	*Description of thing of value*	*Purpose*

[3]A registrant is required to file an Exhibit D if he collects or receives contributions, loans, money, or other things of value for a foreign principal, as part of a fund raising campaign. See Rule 201(e).
[4]Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks," and the like.

15. (a) DISBURSEMENTS–MONIES

During this 6 month reporting period, have you

(1) disbursed or expended monies in connection with activity on behalf of any foreign principal named in Items 8, 9 and 10 of this statement? Yes ☒ No ☐

(2) transmitted monies to any such foreign principal? Yes ☐ No ☒

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies, including monies transmitted, if any, to each foreign principal.

Date	*To Whom*	*Purpose*	*Amount*

Please see attached

Total

15. (b) DISBURSEMENTS—THINGS OF VALUE

During this 6 month reporting period, have you disposed of anything of value[5] other than money in furtherance of or in connection with activities on behalf of any foreign principal named in items 8, 9 and 10 of this statement?
Yes ☐ No ☒

If yes, furnish the following information:

Date disposed	*Name of person to whom given*	*On behalf of what foreign principal*	*Description of thing of value*	*Purpose*

(c) DISBURSEMENTS—POLITICAL CONTRIBUTIONS

During this 6 month reporting period, have you from your own funds and on your own behalf either directly or through any other person, made any contributions of money or other things of value[5] in connection with an election to any political office, or in connection with any primary election, convention, or caucus held to select candidates for political office?
Yes ☐ No ☒

If yes, furnish the following information:

Date	*Amount or thing of value*	*Name of political organization*	*Name of candidate*

V—POLITICAL PROPAGANDA

(Section 1(j) of the Act defines "political propaganda" as including any oral, visual, graphic, written, pictorial, or other communication or expression by any person (1) which is reasonably adapted to, or which the person disseminating the same believes will, or which he intends to, prevail upon, indoctrinate, convert, induce, or in any other way influence a recipient or any section of the public within the United States with reference to the political or public interests, policies, or relations of a government of a foreign country or a foreign political party or with reference to the foreign policies of the United States or promote in the United States racial, religious, or social dissensions, or (2) which advocates, advises, instigates, or promotes any racial, social, political, or religious disorder, civil riot, or other conflict involving the use of force or violence in any other American republic or the overthrow of any government or political subdivision of any other American republic by any means involving the use of force or violence.)

16. During this 6 month reporting period, did you prepare, disseminate or cause to be disseminated any political propaganda as defined above? Yes ☐ No ☒

IF YES, RESPOND TO THE REMAINING ITEMS IN THIS SECTION V.

17. Identify each such foreign principal.

[5]Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks," and the like.

18. During this 6 month reporting period, has any foreign principal established a budget or allocated a specified sum of money to finance your activities in preparing or disseminating political propaganda? Yes ☐ No ☒

If yes, identify each such foreign principal, specify amount, and indicate for what period of time.

Not applicable

19. During this 6 month reporting period, did your activities in preparing, disseminating or causing the dissemination of political propaganda include the use of any of the following:

☐ Radio or TV broadcasts ☐ Magazine or newspaper articles ☐ Motion picture films ☐ Letters or telegrams

☐ Advertising campaigns ☐ Press releases ☐ Pamphlets or other publications ☐ Lectures or speeches

☐ Other *(specify)* Not applicable

20. During this 6 month reporting period, did you disseminate or cause to be disseminated political propaganda among any of the following groups:

☐ Public Officials ☐ Newspapers ☐ Libraries
☐ Legislators ☐ Editors ☐ Educational institutions
☐ Government agencies ☐ Civic groups or associations ☐ Nationality groups
☐ Other *(specify)* Not applicable

21. What language was used in this political propaganda:

☐ English ☐ Other *(specify)* Not applicable

22. Did you file with the Registration Section, U.S. Department of Justice, two copies of each item of political propaganda material disseminated or caused to be disseminated during this 6 month reporting period? Yes ☐ No ☐

Not applicable

23. Did you label each item of such political propaganda material with the statement required by Section 4(b) of the Act? Yes ☐ No ☐

Not applicable

24. Did you file with the Registration Section, U.S. Department of Justice, a Dissemination Report for each item of such political propaganda material as required by Rule 401 under the Act? Yes ☐ No ☐

Not applicable

VI—EXHIBITS AND ATTACHMENTS

25. EXHIBITS A AND B

(a) Have you filed for each of the newly acquired foreign principals in Item 9 the following:

Exhibit A[6] Yes ☐ No ☐
Exhibit B[7] Yes ☐ No ☐

We have attached Exhibits A and B for the principals listed in item 9.

If no, please attach the required exhibit.

(b) Have there been any changes in the Exhibits A and B previously filed for any foreign principal whom you represented during this six month period? Yes ☐ No ☐

If yes, have you filed an amendment to these exhibits? Yes ☐ No ☐

If no, please attach the required amendment.

[6]The Exhibit A, which is filed on Form CRM-157 (Formerly OBD-67) sets forth the information required to be disclosed concerning each foreign principal.
[7]The Exhibit B, which is filed on Form CRM-155 (Formerly OBD-65) sets forth the information concerning the agreement or understanding between the registrant and the foreign principal.

26. **EXHIBIT C**

If you have previously filed an Exhibit C[8], state whether any changes therein have occurred during this 6 month reporting period. Yes ☐ No ☐

If yes, have you filed an amendment to the Exhibit C? Yes ☐ No ☐

If no, please attach the required amendment.

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27. **SHORT FORM REGISTRATION STATEMENT**

Have short form registration statements been filed by all of the persons named in Items 5 and 7 of the supplemental statement? Yes ☐ No ☒

If no, list names of persons who have not filed the required statement.

The undersigned swear(s) or affirm(s) that he has (they have) read the information set forth in this registration statement and the attached exhibits and that he is (they are) familiar with the contents thereof and that such contents are in their entirety true and accurate to the best of his (their) knowledge and belief, except that the undersigned make(s) no representation as to the truth or accuracy of the information contained in attached Short Form Registration Statement, if any, insofar as such information is not within his (their) personal knowledge.

(Type or print name under each signature)

(Both copies of this statement shall be signed and sworn to before a notary public or other person authorized to administer oaths by the agent, if the registrant is an individual, or by a majority of those partners, officers, directors or persons performing similar functions who are in the United States, if the registrant is an organization.)

Rosalind Safrin, Executive Vice President

Subscribed and sworn to before me at New York, New York

this 26th day of October, 19 90

PATRICIA L. MOGLIA
Notary Public, State of New York
No. 41-4848212
Qualified in Queens County
Commission Expires Feb. 17, 1992

Patricia L. Moglia
(Signature of notary or other officer)

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[8]The Exhibit C, for which no printed form is provided, consists of a true copy of the charter, articles of incorporation, association, constitution, and bylaws of a registrant that is an organization. (A waiver of the requirement to file an Exhibit C may be obtained for good cause upon written application to the Assistant Attorney General, Criminal Division, Internal Security Section, U.S. Department of Justice, Washington, D.C. 20530.)

RUDER FINN, INC.

AMOUNTS RECEIVED FROM ASEA BROWN BOVERI

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
08/09/90	ASEA BROWN BOVERI	EXPENSES	1,898.00
04/06/90	ASEA BROWN BOVERI	FEE	2,000.00
08/09/90	ASEA BROWN BOVERI	FEE	306.00
	TOTAL FUNDS RECEIVED		4,204.00

RUDER FINN INC.

SCHEDULE OF EXPENSES FOR ASEA BROWN BOVERI

FOR THE SIX MONTH PERIOD ENDING 09/27/90

DATE	VENDOR	DESCRIPTION OF WORK DONE	AMOUNT
VARIOUS	RUDER FINN	PETTY-CASH	40.00
VARIOUS	SKYLINE TAXI	CABFARE	42.50
VARIOUS	RUDER FINN DESIGN	DESIGN SERVICES	1,898.00
VARIOUS	IMAGE COURIER	MESSENGER	235.50
VARIOUS	FEDERAL EXPRESS	SHIPMENT	403.00
VARIOUS	SLIDE SYSTEMS,INC.	PHOTOGRAPHY	40.36
VARIOUS	N.Y. TELEPHONE	TELEPHONE & TELECOPIER	148.70
VARIOUS	POSTMASTER	POSTAGE	1.08
VARIOUS	RUDER FINN PHOTOCOPY	PHOTOCOPIES	95.02
		TOTAL	2,904.16

RUDER FINN, INC.

AMOUNTS RECEIVED FROM BOEHRINGER INGELHEIM ZENTRALE

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
04/09/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	10,000.00
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	634.13
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,882.60
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	830.30
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	940.92
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	685.49
04/30/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
05/03/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	5,000.00
05/03/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,715.25
05/15/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	983.80
05/15/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	55.00
05/15/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,397.06
05/18/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	14,000.00
05/18/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	1,000.00
05/18/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
06/19/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
06/19/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	2,000.00
06/19/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	5,000.00
06/19/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	19,500.00
06/26/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,149.22
06/26/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	348.41
06/26/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	791.86
07/09/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
07/09/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	20,500.00
07/09/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	2,985.00
08/02/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,751.39
08/02/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	711.73
08/02/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	605.57
08/13/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,000.00
08/13/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	14,000.00
08/13/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	2,985.00
08/15/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	2,708.16
09/04/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	4,376.04
09/05/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	3,500.00
09/05/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	4,500.00
09/05/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	1,985.00
09/05/90	BOEHRINGER INGELHEIM ZENTRALE	FEE	20,500.00
09/17/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,086.29
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	549.00
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	911.01
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	1,299.25
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	529.61
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	606.84
09/24/90	BOEHRINGER INGELHEIM ZENTRALE	EXPENSES	2,010.59
	TOTAL FUNDS RECEIVED		174,014.52

RUDER FINN, INC.

AMOUNTS RECEIVED FROM KABI

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
05/08/90	KABI	FEE	6,500.00
05/08/90	KABI	FEE	2,500.00
05/08/90	KABI	FEE	2,500.00
05/08/90	KABI	FEE	2,500.00
05/08/90	KABI	FEE	2,500.00
05/08/90	KABI	FEE	2,500.00
06/13/90	KABI	FEE	5,000.00
06/13/90	KABI	FEE	5,000.00
06/13/90	KABI	FEE	10,000.00
	TOTAL FUNDS RECEIVED		39,000.00

RUDER FINN, INC.

AMOUNTS RECEIVED FROM NOVO INDUSTRI A-S

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
04/05/90	NOVO INDUSTRI A-S	EXPENSES	1,285.84
04/05/90	NOVO INDUSTRI A-S	FEE	4,000.00
05/03/90	NOVO INDUSTRI A-S	EXPENSES	1,627.40
05/03/90	NOVO INDUSTRI A-S	FEE	54,000.00
05/03/90	NOVO INDUSTRI A-S	EXPENSES	8,581.77
05/03/90	NOVO INDUSTRI A-S	FEE	13,000.00
05/03/90	NOVO INDUSTRI A-S	EXPENSES	309.46
05/03/90	NOVO INDUSTRI A-S	EXPENSES	1,000.00
05/03/90	NOVO INDUSTRI A-S	EXPENSES	1,305.29
05/03/90	NOVO INDUSTRI A-S	EXPENSES	8,003.67
05/03/90	NOVO INDUSTRI A-S	EXPENSES	392.72
05/16/90	NOVO INDUSTRI A-S	FEE	46,990.00
05/29/90	NOVO INDUSTRI A-S	EXPENSES	32.00
05/29/90	NOVO INDUSTRI A-S	EXPENSES	186.33
05/29/90	NOVO INDUSTRI A-S	EXPENSES	84.03
05/29/90	NOVO INDUSTRI A-S	EXPENSES	144.59
05/29/90	NOVO INDUSTRI A-S	EXPENSES	380.28
05/29/90	NOVO INDUSTRI A-S	EXPENSES	6.96
05/29/90	NOVO INDUSTRI A-S	EXPENSES	347.35
05/29/90	NOVO INDUSTRI A-S	EXPENSES	731.90
05/29/90	NOVO INDUSTRI A-S	EXPENSES	7,722.63
05/29/90	NOVO INDUSTRI A-S	EXPENSES	12.42
06/06/90	NOVO INDUSTRI A-S	EXPENSES	205.64
06/06/90	NOVO INDUSTRI A-S	EXPENSES	6,063.89
06/06/90	NOVO INDUSTRI A-S	FEE	1,740.00
06/06/90	NOVO INDUSTRI A-S	FEE	4,000.00
06/06/90	NOVO INDUSTRI A-S	FEE	9,260.00
06/06/90	NOVO INDUSTRI A-S	EXPENSES	443.11
06/07/90	NOVO INDUSTRI A-S	FEE	36,988.00
06/27/90	NOVO INDUSTRI A-S	EXPENSES	665.19
06/27/90	NOVO INDUSTRI A-S	EXPENSES	680.35
06/27/90	NOVO INDUSTRI A-S	EXPENSES	170.86
06/27/90	NOVO INDUSTRI A-S	EXPENSES	46.30
06/27/90	NOVO INDUSTRI A-S	EXPENSES	2,974.04
06/27/90	NOVO INDUSTRI A-S	EXPENSES	717.96
06/27/90	NOVO INDUSTRI A-S	EXPENSES	132.95
06/27/90	NOVO INDUSTRI A-S	EXPENSES	7,502.70
07/05/90	NOVO INDUSTRI A-S	EXPENSES	320.53
07/09/90	NOVO INDUSTRI A-S	FEE	4,000.00
07/23/90	NOVO INDUSTRI A-S	EXPENSES	525.12
07/23/90	NOVO INDUSTRI A-S	EXPENSES	889.44
07/23/90	NOVO INDUSTRI A-S	EXPENSES	412.84
07/23/90	NOVO INDUSTRI A-S	EXPENSES	282.18
07/23/90	NOVO INDUSTRI A-S	EXPENSES	58.88
07/23/90	NOVO INDUSTRI A-S	EXPENSES	286.25
07/23/90	NOVO INDUSTRI A-S	EXPENSES	9,337.01

RUDER FINN, INC.

AMOUNTS RECEIVED FROM NOVO INDUSTRI A-S

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
07/23/90	NOVO INDUSTRI A-S	FEE	55,000.00
07/23/90	NOVO INDUSTRI A-S	EXPENSES	573.49
07/23/90	NOVO INDUSTRI A-S	EXPENSES	12,646.69
07/26/90	NOVO INDUSTRI A-S	FEE	4,000.00
07/27/90	NOVO INDUSTRI A-S	FEE	44,990.00
08/13/90	NOVO INDUSTRI A-S	EXPENSES	1,878.74
08/13/90	NOVO INDUSTRI A-S	FEE	4,000.00
08/22/90	NOVO INDUSTRI A-S	EXPENSES	182.20
08/22/90	NOVO INDUSTRI A-S	EXPENSES	114.65
08/22/90	NOVO INDUSTRI A-S	EXPENSES	11.50
08/22/90	NOVO INDUSTRI A-S	EXPENSES	13,051.42
08/22/90	NOVO INDUSTRI A-S	EXPENSES	586.17
08/22/90	NOVO INDUSTRI A-S	EXPENSES	43.75
08/22/90	NOVO INDUSTRI A-S	EXPENSES	2,715.71
08/22/90	NOVO INDUSTRI A-S	EXPENSES	523.51
08/22/90	NOVO INDUSTRI A-S	FEE	42,990.00
08/22/90	NOVO INDUSTRI A-S	EXPENSES	757.36
08/22/90	NOVO INDUSTRI A-S	EXPENSES	155.91
08/24/90	NOVO INDUSTRI A-S	EXPENSES	6,897.95
09/24/90	NOVO INDUSTRI A-S	FEE	4,000.00
09/26/90	NOVO INDUSTRI A-S	EXPENSES	4,152.88
09/26/90	NOVO INDUSTRI A-S	FEE	58,000.00
09/26/90	NOVO INDUSTRI A-S	EXPENSES	131.14
09/26/90	NOVO INDUSTRI A-S	EXPENSES	1,522.05
09/26/90	NOVO INDUSTRI A-S	EXPENSES	358.64
09/26/90	NOVO INDUSTRI A-S	EXPENSES	17.86
09/26/90	NOVO INDUSTRI A-S	EXPENSES	10,984.52
09/26/90	NOVO INDUSTRI A-S	EXPENSES	294.44
09/26/90	NOVO INDUSTRI A-S	EXPENSES	101.31
09/26/90	NOVO INDUSTRI A-S	EXPENSES	2,708.14
09/26/90	NOVO INDUSTRI A-S	EXPENSES	14.80
09/26/90	NOVO INDUSTRI A-S	EXPENSES	25.26
	TOTAL FUNDS RECEIVED		511,277.97

RUDER FINN, INC.

AMOUNTS RECEIVED FROM SEDGWICK GROUP PLC.

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
03/29/90	SEDGWICK GROUP PLC	EXPENSES	828.99
04/17/90	SEDGWICK GROUP PLC	FEE	3,200.00
05/08/90	SEDGWICK GROUP PLC	FEE	3,000.00
05/08/90	SEDGWICK GROUP PLC	EXPENSES	205.24
06/13/90	SEDGWICK GROUP PLC	FEE	3,200.00
06/15/90	SEDGWICK GROUP PLC	FEE	3,200.00
07/16/90	SEDGWICK GROUP PLC	EXPENSES	995.35
07/16/90	SEDGWICK GROUP PLC	FEE	3,200.00
07/16/90	SEDGWICK GROUP PLC	EXPENSES	2,334.20
08/14/90	SEDGWICK GROUP PLC	FEE	3,200.00
08/14/90	SEDGWICK GROUP PLC	EXPENSES	397.10
09/21/90	SEDGWICK GROUP PLC	EXPENSES	1,027.57
	TOTAL FUNDS RECEIVED		24,788.45

RUDER FINN, INC.

AMOUNTS RECEIVED FROM FINNAIR

FOR THE SIX MONTH PERIOD ENDED 09/27/90

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
04/03/90	FINNAIR	FEE	8,000.00
04/09/90	FINNAIR	EXPENSES	19,410.50
06/07/90	FINNAIR	FEE	8,000.00
07/23/90	FINNAIR	EXPENSES	23,471.87
07/23/90	FINNAIR	EXPENSES	425.58
08/07/90	FINNAIR	FEE	2,450.00
08/07/90	FINNAIR	FEE	6,170.00
08/07/90	FINNAIR	EXPENSES	264.37
09/01/90	FINNAIR	FEE	5,000.00
09/01/90	FINNAIR	FEE	5,000.00
09/11/90	FINNAIR	FEE	10,000.00
09/11/90	FINNAIR	EXPENSES	67.89
09/11/90	FINNAIR	FEE	2,717.50
09/11/90	FINNAIR	EXPENSES	1,049.64
09/11/90	FINNAIR	EXPENSES	546.90
09/14/90	FINNAIR	FEE	10,000.00
09/22/90	FINNAIR	EXPENSES	115.27
	TOTAL FUNDS RECEIVED		102,689.52

RUDER FINN, INC.

AMOUNTS RECEIVED FROM BELL TRUST CO. LTD.

FOR THE SIX MONTH PERIOD ENDED 09/27/89

DATE FUNDS RECEIVED	NAME OF FOREIGN PRINCIPAL FROM WHOM RECEIVED	PURPOSE	AMOUNT
09/19/90	BELL TRUST CO. LTD.	EXPENSES	1,257.68
03/28/90	BELL TRUST CO. LTD.	FEE	2,000.00
05/11/90	BELL TRUST CO. LTD.	FEE	1,988.00
07/06/90	BELL TRUST CO. LTD.	FEE	1,990.00
05/25/90	BELL TRUST CO. LTD.	EXPENSES	2,350.00
07/26/90	BELL TRUST CO. LTD.	FEE	1,990.00
08/30/90	BELL TRUST CO. LTD.	FEE	1,990.00
09/24/90	BELL TRUST CO. LTD.	FEE	1,990.00
	TOTAL FUNDS RECEIVED		15,555.68

Question #11
Schedule #
Page #1

RUDER·FINN, INCORPORATED
Schedule of Publications on Behalf of
FINNAIR
For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
1. Brochures	B. Postle	Finnair	Finnair/ Ruder Finn

Question #11
Schedule #
Page #2

During the six months, Ruder-Finn was engaged in the following activities on behalf of FINNAIR.

1. Advertisement of seminar
2. Mailing of brochures upon request
3. Purchasing of mailing lists
4. Phone calls
5. Reporting to New York office of Finnair

RUDER·FINN, INCORPORATED
Schedule of Publications on Behalf of
ADERLY
For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
Releases			
1. Press kit	J. Wilson F. Walton J. Winkleman	Ruder Finn R·F Design	Ruder Finn/ Aderly
2. Newsletter	J. Wilson B. Postle F. Walton	Ruder Finn R·F Design	Ruder Finn/ Aderly
3. Media Alert Lyon Textiles Exhibit	J. Wilson	Ruder Finn	Ruder Finn

During the six months, Ruder-Finn was engaged in the following activities on behalf of Aderly.

1. Production of press kit
2. Production of newsletter
3. Media alert for textiles exhibit
4. Fact finding trips to Lyon

RUDER·FINN, INCORPORATED
Schedule of Publications on Behalf of
Asea Brown Boveri
For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
Releases			
1. News release	Anne Glauber	Ruder Finn	Ruder Finn
2. Article	Charles Hugel Anne Glauber	Journal of the US-USSR Trade and Economic Council	

During the six months, Ruder-Finn was engaged in the following activities on behalf of Asea Brown Boveri.

1. Distribute information about Sanitec

2. Obtain speaker for special event in Zurich

3. Aid in writing an article on US-USSR trade

ASEA BROWN BOVERI

JOHN L. CUSACK
President
ABB SANITEC Inc.

John L. Cusack is President of ABB SANITEC Inc., a newly formed subsidiary of ABB Environmental Services, a unit of Asea Brown Boveri Inc. of Stamford, Connecticut. ABB SANITEC Inc. was created to address the health care industry's needs for cost-effective infectious waste disposal through the use of ABB SANITEC.

Mr. Cusack, an environmental engineer has specialized in the international environmental and municipal waste business for 17 years. He has worked for consulting engineering companies and public utilities prior to his ten years at ABB (formerly Combustion Engineering), a diversified global supplier of energy and environmental equipment and services to the public and private sectors with $23 billion in annual sales in 1990.

Mr. Cusack serves on the Office of Technology Assessments's advisory board on Medical Wastes, and is the present chairman of the Industrial Advisory Board of New Jersey University/Industry Hazardous Waste Research Consortium.

ABB Sanitec, Inc.

900 Long Ridge Road
Stamford, Connecticut 06904

Telephone (203) 329-8771

Fax (203) 328-2263

ABB
ASEA BROWN BOVERI

Infectious Medical Waste Costs and Problems

When broken needles washed up over American beaches two years ago, the problem of medical waste was etched deeply in the public mind. Yet, the complexities and costs of conventional waste disposal, although not visually disturbing, may be just as problematic.

Extent of Infectious Medical Waste

According to the American Hospital Association (AHA), 2,500 tons of infectious waste are produced each day by U.S. hospitals. The AHA estimates that it currently costs U.S. hospitals an average of $.50 per pound to dispose of infectious medical waste. Costs can include incineration, transportation and administration. Thus, the bill for disposing infectious waste may come to over $1 billion a year for American hospitals.

Regulations for Medical Waste Disposal

Classification of infectious medical waste and regulations for its disposal are determined by individual states. Competing municipal regulations may also exist. New federal regulations to standardize waste disposal requirements were mandated by the Medical Waste Tracking Act of 1988. The EPA has established a pilot program in New York, Connecticut, New Jersey, Rhode Island and Puerto Rico.

New York City hospitals, for example, currently operate under a three-tiered system for infectious waste disposal that includes Local Law No. 57; the New York State Department of Environmental Conservation Health and Environmental Regulations included in Part 70 and Part 364 of their respective state codes; and the EPA Medical Waste Tracking Act. Each set of regulations adds additional categories to infectious waste definitions.

New York City hospitals, for example, must consider each of the following as infectious medical waste according to these overlapping definitions: cultures and stocks; pathological waste; human blood and blood products, including items saturated or caked with human blood; intravenous bags and tubing; sharp objects; animal waste; isolation waste; unused sharps; surgical waste, including gowns, masks and gloves; and pathological and laboratory waste products.

ABB Sanitec, Inc.

900 Long Ridge Road
Stamford, Connecticut 06904

Telephone (203) 329-8771

Fax (203) 328-2263

Michael T. Troncone, the Director of Environmental Services at Calgary Hospital in the Bronx, notes in an article published in the August, New York State Journal of Medicine, that under EPA regulations, intravenous bags, regulated "merely for aesthetic reasons," will alone cost the average 200-bed hospital more than $12,000 a year.

The EPA has estimated that its new regulations would cost no more than $31 million a year if all ten states originally named in the Medical Waste Tracking Act were to comply fully. Yet, Troncone cites infectious waste disposal costs of $34.5 million for New York City alone and the Greater New York Hospital Association estimates that EPA requirements will cost New York hospitals $60 million a year.

New technology for infectious medical waste disposal

Introduction of new technology that treats infectious waste with microwaves would significantly reduce the volume and costs of disposing of medical waste. The ABB Sanitec system would reduce the amount of infectious medical waste to one eighth its volume, and is safe for landfill disposal.

Disinfection and disposal of infectious waste with the ABB Sanitec system would cost U.S. hospitals only 7 - 10 cents per pound, rather than the 50 cents per pound they currently pay for conventional means of incineration. Were the new on-site microwave technology implemented nationwide, it could potentially save American hospitals close to $800 million a year. Anatomical waste and whole blood, which constitute roughly five percent of medical waste, would still need to be disposed of by traditional means of incineration.

Environmental Impact and Energy Use

Conventional incineration of infectious medical waste releases smoke and residue into the air, and produces ashes that may be considered hazardous waste.

The thermic heating employed by the ABB Sanitec system releases only harmless water vapor into the air.

Also, reduction and disinfection by the ABB Sanitec leaves medical waste with fewer bacteria than ordinary household garbage.

Tests have shown that the Sanitec disposal system produces 10 times less microwave emmissions than the acceptable standard as established by the Occupational Safety and Health Administration (OSHA). The Sanitec system is computer-controlled and shuts down automatically in response to a malfunction or danger of microwave leakage. In addition, the Sanitec system requires testing each morning for microwave emissions.

The amount of energy used by microwave disposal technology is roughly one-half that used by the typical American household per day.

How it functions

The ABB Sanitec System, 20-foot long and 8-foot wide, shreds 550 pounds of waste per hour by spraying it with steam and then passing it into a chamber where multiple microwaves units heat it at 203 degrees Fahrenheit for 30 minutes. Infectious waste is reduced to a small residue that looks much like confetti.

Development and Testing of the ABB Sanitec Technology

The new technology has been employed in Europe for over three years. It was developed in West Germany and tested for two years at The Institute of Hygiene of the University of Gottingen in West Germany. The technology satisfied extensive analysis and testing requirements for microbiological performance.

The Sanitec system is currently in operation in North Carolina and has just been approved for use by the California Department of Health Services for use in that state. Approval for its use is currently under consideration in New York and several other states.

The ABB Sanitec system is being sold in the U.S. by ABB Sanitec Inc., a new subsidiary of ABB Environmental Services, a unit of Asea Brown Boveri Inc. in Stamford, Connecticut.

ASEA BROWN BOVERI

CONTACT:

Anne Glauber
Ruder·Finn
(212) 715-1567

Karen Armour
ABB Inc.
(203) 328-2217

FOR IMMEDIATE RELEASE

Stamford, Conn.... Futuristic technology that transforms infectious medical waste into harmless confetti is now available to American hospitals faced with the soaring costs and complexities of infectious medical waste disposal.

The ABB SANITEC system, a 20 foot long, 8 foot wide computerized unit, shreds 550 pounds of waste per hour, sprays it with steam, then passes it into a chamber where multiple microwaves heat it at 203 degrees Fahrenheit for at least 30 minutes. The result: Needles, bandages, surgical gowns and masks are reduced into tiny shreds with less bacteria than household garbage.

Paul Wiles, President of Forsyth Memorial Hospital in Winston-Salem, North Carolina, the first hospital in the nation to use ABB SANITEC estimates that the technology will reduce the costs of disposing infectious medical waste from $270,000 per year to $60,000 per year. "We expect the unit to pay for itself in three years," he notes.

-MORE-

AIDS and environmental concerns that have stimulated rigorous state and federal regulations of infectious waste have driven up disposal costs dramatically. The August 1990 issue of The New York State Journal of Medicine reports, for example, that New York State hospitals, alone, will pay $60 million annually in non-reimbursable dollars to dispose of infectious medical waste, "posing a direct negative effect on the quality of patient care," the article states.

ABB SANITEC reduces this cost safely and effectively by almost 80%. According to the American Hospital Association, hospitals spend 50 cents per pound for waste disposal; the ABB SANITEC system costs between 7 and 10 cents per pound.

"With American hospitals producing at least 2,500 tons of infectious medical waste a day, ABB SANITEC's potential impact on the industry can be measured in billions of dollars in future savings," states John Cusack, president of ABB SANITEC, Inc. a newly formed subsidiary of ABB Environmental Services, a unit of Stamford based, Asea Brown Boveri Inc., that was created to sell and manufacture the product in the United States.

In addition to cost savings, users of ABB SANITEC describe other advantages as well. The process reduces waste to 1/8th its original size. Energy use is low. It requires only half the electricity used by a typical American household. Unlike traditional incineration, thermic heating by the ABB SANITEC does not release smoke or residue into the air. ABB SANITEC also can be installed right at the hospital, thereby significantly

-MORE-

avoiding the difficulties and costs of transporting infectious medical waste offsite or across state borders.

Currently in use in North Carolina, the ABB SANITEC system was just approved by the California Department of Health Services for use in that state. The initial installation is at a waste disposal plant in Oakland, California. The technology is currently under review in New York, New Jersey and other states. ABB SANITEC has been operating for more than three years at hospitals in France, Switzerland, West Germany and Italy.

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RUDER·FINN, INCORPORATED
Schedule of Publications on Behalf of
KABI
For Six Month Period Ending September 27, 1990

Description of Publications	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
NONE			

Describe fully all activities of Registrant during the period for or in the interest of each foreign principal.

During the six months, Ruder·Finn, Incorporated was engaged in the following activities on behalf of KABI:

1. Media contact.

2. General public relations counseling.

Describe fully all activities of Registrant during the period for or in the interest of each foreign principal.

During the six months, Ruder Finn was engaged in the following activities on behalf of The Bell Trust, Ltd.

1. The agency provided ongoing counseling with company management regarding marketing communications strategies and tactics directed toward the company's customers and potential new customers in Japan.

2. Agency representatives met with The Bell Trust, Ltd. management at the company's offices in Tokyo.

3. The agency provided graphics design services and developed a new logo for the company.

4. The agency prepared a market research plan and questionnaire for a research study to be conducted with the company's customers in Tokyo.

5. The agency developed preliminary designs for a sales brochure to be used by the company with prospective customers in Tokyo.

Question #11
Schedule #
Page #1

RUDER FINN INCORPORATED
Schedule of Publications on Behalf of
The Bell Trust, Ltd.
For Six Months Period Ending September 27, 1990

1) No materials (e.g., publications, releases, etc.) for dissemination to the public were written, edited, prepared printed, produced, published or distributed by Ruder Finn for The Bell Trust, Ltd.

Question #11
Schedule #
Page #1

RUDER FINN & ROTMAN, INCORPORATED
Schedule of Publications on Behalf of
Sedgwick Group plc
For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
1) 1989 Annual Report	Sedgwick Group	Sedgwick Group	Ruder Finn

Describe fully all activities of Registrant during the period for or in the interest of each foreign principal.

During the six months, Ruder Finn & Rotman was engaged in the following activities on behalf of Sedgwick Group plc.

1. Monitored opinions among professional investors and media regarding the insurance broking industry.

2. Targeted investors with whom Sedgwick Group management should meet in the future.

3. Counseled Sedgwick management on communications strategy in the U.S.

RUDER·FINN, INCORPORATED
Schedule of Publications on Behalf of
FINNAIR
For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
Releases			
1. Invitation to Seminar	J. Wilson	Ruder Finn	Ruder Finn
2. Update to Invitation	J. Wilson	Ruder Finn	Ruder Finn
3. Correspondence	J. Wilson/Frank Walton	Ruder Finn	Ruder Finn

During the six months, Ruder-Finn was engaged in the following activities on behalf of FINNAIR.

1. Invitation to seminar
2. Update invitation to seminar
3. Correspondence with New York and Moscow office of Finnair
4. Purchasing of mailing list.

RUDER·FINN

June 6, 1990

Stu Seltzer
c/o Fritz Jacobi
Columbia Business School
810 Uris Hall
New York, New York 10027

BY FAX TO 678 0825

Dear Stu:

I learned from Fritz Jacobi of your interest in East-West business ventures, and thought that you and your colleagues might be interested in meeting Mr. Tauno Tiusanen, a leading Finnish consultant on East-West ventures, (President of Tietokarki Oy) who will be visiting New York early next week.

The attached sheet provides a brief sketch of Tiusanen's background and current activities. Tiusanen works regularly with Finnair and Vnesheconom Service on a biannual seminar held in Helsinki and Moscow, "The Soviet Union as a Business Partner" -- and his presentations are clearly the high-light of the program.

Tiusanen will be in New York on Monday through Wednesday, June 11 through 13. I would be delighted if you could join us at a luncheon in which Mr. Tiusanen will make a brief presentation at noon on Tuesday, June 12. If that's not convenient, we can undoubtedly arrange another time to meet -- or even perhaps for Mr. Tiusanen to address informally a group of you and your colleagues who are interested in East-West ventures.

The luncheon Tuesday will be:

Presentation by Tauno Tiusanen on
Business Opportunities as the Soviet Environment Changes

Cocktails and luncheon at the Sky Club
atop the Pan Am Building at Grand Central
200 Park Avenue, 56th Floor

Tuesday, June 12, 1990; 12:00 NOON

RUDER·FINN, INC., 301 EAST FIFTY SEVENTH ST., NEW YORK, N.Y. 10022 TEL. (212) 593-6400 FAX (212) 593-6397 PHONE MAIL (212) 593-6459
CHICAGO, LOS ANGELES, NEW ORLEANS, NEW YORK, TORONTO, WASHINGTON, D.C. AND INTERNATIONAL OFFICES AND BUREAUS

I will be happy to waive the cost for Columbia students and faculty, if you contact me ahead of time so I can make the proper arrangements.

Please call me directly at 212 593 6330.

We look forward to seeing you.

Warm regards,

Frank Walton

Franklin J. Walton, Ph.D.
Senior Vice President

FACTS ON TAUNO TIUSANEN

Tauno Tiusanen is one of the best informed -- and liveliest and most interesting -- commentators on the range of topics regarding East-West trade relations.

Tiusanen has lived and worked throughout Scandinavia and Eastern Europe as a journalist, scholar, and business person. Proficient in Finnish, English, German, Swedish, Russian, and French he consults, publishes, and lectures widely across Europe and the U.S.

Today as a private consultant, Tiusanen works with a wide variety of international corporations as well as to the government of Finland, Ministry of Trade and Industry. He also leads a biannual seminar held in Helsinki and Moscow by Finnair, the Finnish International Trade Association, and the USSR Chamber of Commerce and Industry.

Tiusanen is the author of numerous scholarly publications as well as many columns in the Finnish and Swedish business press. He has been affiliated on a consulting or staff basis with a range of international organizations including Business International, the Economist Intelligence Unit, and St. Antony's College, Oxford (participating in the CMEA study of an international monetary system based on a transferable rouble).

Tiusanen's scholarly work has covered a variety of topics, including a history of economic reforms in the Soviet Union and the present perestroika; changes in foreign economic relations in CMEA countries under present economic reforms; East-West economic relations for the Foreign Policy Institute of Stockholm; East-West technology transfer, production rights, and financing; operations in Comecon markets including licensing arrangements, industrial cooperation, joint ventures, countertrade, and switch-trade; and sales promotion in Comecon markets from the point-of-view of Western companies' marketing strategy.

RUDER·FINN, INC.
Schedule of Publications on Behalf of
Boehringer Ingelheim GmbH
For Six Month Period Ending September 27, 1990

Description of Publications	By Whom Written, Edited or Prepared	By Whom Printed, Produced or Published	By Whom Distributed
Releases			
Progress in inhalation therapy enhances treatment of asthma and COPD: Researchers examine role of paf, other asthma mediators	Erica Kaplan Roselyn Hirsch	Ruder·Finn	Ruder·Finn
Pneumobile project establishes first normal lung-function values for Indonesia	Erica Kaplan	Ruder·Finn	Ruder·Finn
Experts anticipate further benefits from anticholinergic therapy for COPD	Erica Kaplan Peter Steinberg	Ruder·Finn	Ruder·Finn
Specialists call for flexibility in treating asthma	Erica Kaplan Peter Steinberg	Ruder·Finn	Ruder·Finn
Oxitropium bromide produces effective bronchodilation with longer duration of action	Erica Kaplan Peter Steinberg	Ruder·Finn	Ruder·Finn

(continued)

Description of Publications	By Whom Written, Edited or prepared	By Whom Printed, Produced or Published	By Whom Distributed
Articles for publication in Lung & Respiration	Erica Kaplan Roselyn Hirsch	pmi Verlag GmbH Frankfurt West Germany	pmi Verlag GmbH Frankfurt West Germany

Describe fully all activities of Registrant during the period for or in the interest of each foreign principal.

During the six months, Ruder·Finn Incorporated was engaged in the following activities on behalf of Boehringer Ingelheim GmbH:

1. Preparation of public relations material for pharmaceutical products of Boehringer Ingelheim GmbH.

2. Preparation of copy for Lung & Respiration.

3. Media contact.

4. General public relations counseling.

RUDER·FINN

PROGRESS IN INHALATION THERAPY ENHANCES TREATMENT OF ASTHMA AND COPD

Researchers examine role of paf, other asthma mediators

BALI, INDONESIA, 2 July 1990--Investigators are making significant progress in the treatment of asthma, chronic bronchitis, and emphysema. They are also gaining insight into the underlying mechanisms of these diseases, according to participants at a medical symposium here today.

Speaking about new trends in therapy for severe asthma attacks, Dr. David H. Bryant commented on the value of frequent low doses or continuous administration of aerosol bronchodilators, given to widen narrowed air passages. "With aerosol therapy, total doses of beta$_2$-agonist bronchodilators can be considerably greater than those commonly given in most emergency units," said the physician, who is with St. Vincent's Hospital in Sydney, Australia.

Ipratropium bromide (Atrovent), an anticholinergic bronchodilator, has been shown to have an additive effect with beta$_2$-agonists, Dr. Bryant continued, and should be given immediately when the patient's asthma is considered life-threatening.

However, he cautioned physicians to take care in selecting nebulizers to deliver drugs for acute asthma, as these devices are not standardized and may have different clinical effects, depending on gas flow rates and other factors.

Moving from acute to chronic asthma, Professor Ann J. Woolcock predicted that in the 1990s, long-term treatment will focus on prophylaxis. When a patient suffers a first asthma attack, doctors will aim to identify the cause--a specific allergen (substance that causes allergy) or other irritant. This will help them to individualize treatment according to the cause, as well as the severity, of each

- more -

RUDER•FINN INTERNATIONAL, INC. 301 EAST FIFTY SEVENTH ST., NEW YORK, N.Y. 10022 TEL. (1) 212-593-6400 FAX (1) 212-593-6397
HEADQUARTERS: 3 RUE DU FAUBOURG ST. HONORE, 75008 PARIS TEL. (33) 1 4742 3600 FAX (33) 1 4742 3083

patient's disease, Professor Woolcock told those attending the symposium, New Trends in the Management of Obstructive Airway Disease. The symposium was held during the 1990 meeting of the Asian Pacific Society of Respirology.

Professor Woolcock, of the University of Sydney, Australia, noted that the current therapeutic emphasis is on airway inflammation, the underlying condition in asthma. Thus, the 1990s will see increasing use of inhaled corticosteroids to reduce inflammation. "I am encouraged that new, long-acting corticosteroids and bronchodilators will soon be available," she said. "These agents will initiate a trend toward twice-daily therapy, which will make it easier to treat outpatients."

In a discussion of chronic obstructive pulmonary disease (COPD)--chronic bronchitis and emphysema--Professor Eugene R. Bleecker cited bronchodilators as the mainstay of treatment. He underscored the value of anticholinergic agents such as ipratropium bromide as first-line therapy and noted that they are often combined with beta-adrenergic drugs.

Professor Bleecker also remarked that there may be important interrelationships between asthma and COPD. Recent studies suggest that patients with COPD, like asthmatics, have bronchial hyperreactivity, an exaggerated narrowing of the airways as a response to various stimuli. "With a better understanding of these mechanisms, we will be able to detect individuals at risk and develop treatments to prevent worsening of this progressive disease," observed Professor Bleecker, who is with the University of Maryland, Baltimore, Maryland, USA.

New light shed on the role of mediators

Asthma mediators are substances released by specific white blood cells when provoked by an allergen. These mediators interact with one another in a complicated manner. They activate various cells, damaging the lining, blood vessels, or muscles of the respiratory tract and setting off such reactions as inflammation, in which still more mediators may be released and more damage may be done.

- more -

Dr. Paul O'Byrne addressed the role of platelet activating factor (paf), a potentially important asthma mediator. Paf is released from cells in the airways, where it leads to narrowing of the air passages and, in a variety of animals, inflammation. "In normal humans, as well, paf given via inhalation initiates many of the features of asthma. In addition to bronchial constriction, it causes hyperreactivity to stimuli that may provoke an asthma attack. This is a cardinal characteristic of asthma," Dr. O'Byrne explained.

"We now need to see whether agents that block the action of paf can prevent the manifestations of asthma," Dr. O'Byrne continued. Several paf antagonists, when given before inhalation of allergens, have been shown to be effective in animals, he said. Dr. O'Byrne and his colleagues at McMaster University in Hamilton, Ontario, Canada, are currently conducting double-blind, placebo-controlled clinical trials of one such agent, WEB 2086. "Studies such as these will determine whether paf is important in causing some of the features of human asthma, and whether paf antagonists may provide an avenue of therapy." Results of Dr. O'Byrne's study should be available in four to six months.

"Among the paf antagonists currently under investigation, WEB 2086 appears to be the most efficient," observed Dr. Ronald Dahl. "Judging from results to date, it holds a great deal of promise for treating allergic asthma," said the physician, who is with the Kommunehospital in Arhus, Denmark. Other asthma mediators have been identified, as well, he said, including leukotrienes, thromboxanes, and prostaglandins. Prostaglandin and thromboxane antagonists have not been found to be useful, Dr. Dahl reported, and trials of antagonists to leukotrienes C, D, and E are under way.

Atrovent is marketed by the West German pharmaceutical company Boehringer Ingelheim GmbH, which is also developing the paf antagonist WEB 2086.

# # #

For additional information, please contact Erica Kaplan, 001-212-593-6363, or Peter Steinberg, 001-212-715-1574, at Ruder·Finn International, New York City.

RUDER·FINN

PNEUMOBILE PROJECT ESTABLISHES FIRST NORMAL LUNG-FUNCTION VALUES FOR INDONESIA

BALI, INDONESIA, 3 July 1990--"Starting immediately, Indonesian physicians will be able to judge their patients' lung function according to appropriate Indonesian reference standards," remarked Dr. Hadiarto Mangunnegoro and Dr. Hood Alsagaff, chairmen of the departments of pulmonology at the Universities of Indonesia (Jakarta) and Airlangga (Surabaya), respectively. This advance is one of the most important results of a major national study, the Indonesian Pneumobile Project (IPP), said Dr. Hudoyo Hupudio and Dr. Yuwono Sidharta, who are Director and Assistant Director, respectively, of the Field Epidemiology Training Program (FETP) at the Indonesian Ministry of Health. Dr. Hadiarto and Dr. Hood are Principal Co-investigators of the IPP, and Dr. Yuwono is a member of the Pneumobile team.

Preliminary results of the IPP were presented here today during the 1990 joint congress of the Asian Pacific Society of Respirology and the Indonesian Association of Pulmonologists. The project was a cooperative effort of the FETP; the departments of pulmonology of the University of Indonesia (Jakarta) and the University of Airlangga (Surabaya); and the Center for Health Research of the University of Indonesia. Additional technical assistance was provided by the World Health Organization (WHO), and the project was supported by a grant from Boehringer Ingelheim Pharma Services Indonesia.

Reference standards, or predicted normal values, for lung function are very important both clinically and for public health reasons. For example, to diagnose chronic obstructive lung diseases such as asthma and chronic bronchitis, clinicians may use a technique called spirometry, in which the patient breathes into a tube connected to a machine that computes the amount of air exhaled and the rate at which it is exhaled. The patient's values are compared with predicted normal values to determine whether he has a breathing abnormality that might not yet be apparent from symptoms, and what kind of abnormality it is.

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Normal lung-function values, however, depend on physiological factors such as age, sex, height, and weight and differ from country to country and population to population. Before these new data were collected, population-based normal values for Indonesians were unknown, and doctors had to use another set of standards--usually those for Japan--according to Dr. Hadiarto.

In the Japanese population, for example, obstructive lung disease is diagnosed when the ratio of two spirometric values, FEV_1 to FVC,* is less than 70%. "The data gathered by the IPP showed that this ratio was too low and should be raised to about 75% for Indonesians," said Dr. Hadiarto. This means that a large percentage of Indonesians who might previously have been considered to have normal lung function in fact have impaired function. With proper use of spirometry, doctors can identify impaired lung function at early stages, before symptoms develop, so that appropriate interventions can be made.

The IPP screened more than 4,000 people, who were selected by randomized and age-stratified methods from schools and workplaces in Jakarta and Surabaya, Indonesia's two largest cities. In each city, highly trained technical field teams drove a Pneumobile, a van carrying computerized spirometers, to randomly selected high schools and to workplaces in industries with no identifiable respiratory hazards. The teams tested the lung function of students and workers according to procedures recommended by the American Thoracic Society (ATS) and the U.S. National Institutes of Health. They also administered a standardized lung-function questionnaire, adapted from an ATS questionnaire, that asked about such subjects as respiratory symptoms, history of smoking, job history, and family history. The Pneumobile vans, as well as funding for the project, were provided by Boehringer Ingelheim Pharma Services Indonesia, a unit of the West German pharmaceutical company Boehringer Ingelheim GmbH. The spirometers were loaned by collaborators at the University of Oregon Health Sciences University, who provided technical assistance in training and quality assurance for data collection.

Complete data were obtained for more than 3,700 males and females aged 14 to 60, of whom more than 3,200 (87%) had no symptoms or history of chronic respiratory

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*FEV_1 = forced expiratory volume in one second, the amount of air a person can forcefully expel in the first second of an exhalation; FVC = forced vital capacity, the total amount of air a person can breathe out forcefully after a maximum inhalation.

diseases. In addition to establishing normal values, these data will allow the Ministry of Health to design and carry out further studies to determine the prevalence of symptomatic chronic obstructive lung diseases and the effects on Indonesians' lung function of exposure to indoor and outdoor air pollutants, workplace hazards, allergens, and smoking clove and non-clove cigarettes.

There is a need to determine whether clove, or kretek, cigarettes may be even more dangerous than cigarettes containing only tobacco, explained Dr. Robert Bernstein, WHO consultant to the Ministry of Health and the IPP. When smoked, clove releases a chemical that may keep the air passages open by reducing airway defense mechanisms such as the cough reflex. This may allow potentially more prolonged and more intense exposure to the harmful effects of tobacco smoke. Clove cigarettes are used by 80% of Indonesian smokers, according to Dr. Hood. Indeed, the IPP found that Indonesian males who had ever smoked--some 54% of the participants--were about 3 to 5 times more likely to have abnormal lung function than those who had not, Dr. Hadiarto said. Very few women--only about 3%--had ever smoked, but female smokers had a similarly increased risk of abnormal lung function.

Data from the project are still being analyzed, but Dr. Hood expects to begin using the newly established normal lung-function values in hospitals and clinics right away. Looking farther into the future, the investigators hope that the IPP will lead to additional research that would include other cities in this country of 13,400 islands and 170 million people. In this way, the population base can be gradually increased, and the data will become even more valuable for designing interventions to prevent or control premature disability and death due to chronic respiratory diseases.

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For more information, please contact Erica Kaplan, 001-212-593-6363, or Peter Steinberg, 001-212-715-1574, at Ruder·Finn International, New York City.

Note: Photographs are available.

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EXPERTS ANTICIPATE FURTHER BENEFITS FROM

ANTICHOLINERGIC THERAPY FOR COPD

EASTBOURNE, ENGLAND, 6 September 1990--Anticholinergic agents are increasingly recognized as more effective than beta$_2$-agonist drugs in treating chronic bronchitis and emphysema (COPD), according to participants in an international symposium here today. Experts are thus looking to improve the efficiency of anticholinergic therapy while maintaining the excellent side-effects profile offered by the inhaled medications.

"Anticholinergic agents such as ipratropium bromide (Atrovent), given via inhalation, are poorly absorbed into the bloodstream and have few, if any, systemic side effects," observed Dr. Kenneth R. Chapman of The Toronto Hospital, Ontario, Canada. "They should be the first choice in the treatment of COPD."

"We've found that, unlike beta-agonists, inhaled anticholinergic medications have essentially no hemodynamic side effects," Dr. Chapman remarked. For example, such factors as heart rate, blood pressure, and the percentage of oxygen dissolved in the blood are unchanged after administration of Atrovent. "With respect to cardiac output, it is difficult to distinguish eight puffs of ipratropium from placebo," he added.

Speaking of ways to improve anticholinergic therapy, Dr. Chapman said he looks forward to the introduction in Canada of longer-acting agents. "Anticholinergics that could be given once or even twice a day would help patients comply with therapy," he

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noted, "and that could have a significant clinical impact." Oxitropium bromide (Oxivent/Tersigat/Ventilat), already available in several European countries, has been shown to produce bronchodilation for as long as 10 to 12 hours.

For improvements in therapy for COPD, Professor Peter Barnes looks to the development of anticholinergic agents with an even more specific bronchodilatory effect. Three types of receptors that interact with anticholinergic agents have been identified in the airways, he explained. These receptors are called muscarinic receptors, specifically, M_1, M_2, and M_3. Activation of the M_3 receptors results in constriction of the airways and produces many of the symptoms of COPD and asthma. Activation of M_2 receptors, in contrast, protects against excessive airway constriction by blocking cholinergic nerve endings.

Nonselective agents such as ipratropium and oxitropium interfere with the action of all three receptors. Thus, their beneficial effects on the M_3 receptors are partially reduced by their effects on the M_2 receptors. "What this means is that nonselective anticholinergics are relatively inefficient and work best when given in high doses," said Prof. Barnes, who is at the National Heart & Lung Institute, London. "In the future, we may see selective antimuscarinic agents that do not have this M_2-blocking effect."

Ipratropium bromide and oxitropium bromide are marketed by the West German pharmaeutical company Boehringer Ingelheim GmbH, which sponsored the symposium, The Pathway to Successful Management.

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RUDER·FINN

SPECIALISTS CALL FOR FLEXIBILITY IN TREATING ASTHMA

EASTBOURNE, ENGLAND, 6 September 1990--Treatment of asthma symptoms is usually empirical, with the choice of medication based on the doctor's initial perception of the individual patient, according to Professor Nicholas J. Gross. "We may start with a beta-adrenergic agent, but if the patient does not respond as expected, we should try a bronchodilator of another class, such as an anticholinergic agent," commented Prof. Gross, of Stritch-Loyola School of Medicine, Chicago. The physician was one of several respiratory specialists participating in an international symposium here today.

Dr. Richard Fuller agreed that doctors should not overlook the potential of anticholinergics for asthma. "Patients who need bronchodilators regularly will not be adequately treated with the currently available beta$_2$-agonists alone," he observed. "Anticholinergics have a much longer duration of action and are without the side effects of oral medication or high-dose inhaled beta$_2$-agonists," added Dr. Fuller, of the Royal Postgraduate Medical School, London.

Professor Anthony S. Rebuck, of The Toronto Hospital, Ontario, Canada, presented data showing that the combination of an anticholinergic agent with a beta$_2$-agonist is superior to single-drug therapy for acute asthma. In a Canadian multicenter double-blind clinical trial, 199 patients were divided into three groups: one group was treated with ipratropium bromide (Atrovent), an anticholinergic drug; the second group was treated with fenoterol, a beta$_2$-agonist; and the third group received both agents in the same doses as the other two groups.

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"With the combination, bronchodilation was clearly additive, but we saw no additional toxicity," Dr. Rebuck reported. "We also found that the greatest benefit from combination therapy was in patients with severe asthma, those with a forced expiratory volume (FEV_1) of less than 1 liter."

Citing additional studies with similar results, Dr. Michael J. Ward of King's Mill Hospital in Nottingham, England, remarked, "Ipratropium bromide should be given at the same time as a beta agonist in patients with acute severe asthma."

The investigators also discussed the use of alternative therapies for asthma, reflecting new evidence and changing concepts in the treatment of the condition.

"We used to start treatment with bronchodilators, adding steroids only when we were unable to control symptoms," said Professor Andre Perruchoud of the University Clinic, Basel, Switzerland. "But now we can give steroids via inhalation from the beginning to reduce the underlying hyperreactivity of asthmatics' airways. With this route, side effects are few," he noted.

Hyperreactivity has been shown to return to pretreatment levels two or three weeks after cessation of a 10-week course of topical (inhaled) steroids. "We do not know what happens after 6 to 12 months of continuous therapy," the physician continued, "but in a few years we may see data showing that longer courses of treatment can sustain the decrease in hyperreactivity for more than a few weeks."

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For patients with severe asthma, large doses of steroids must be given every day to control symptoms, Prof. Perruchoud added. As an alternative for patients experiencing major side effects from their steroid treatment, he suggested weekly administration of low doses of methotrexate, which can decrease these patients' steroid requirement.

Atrovent (ipratropium bromide) is marketed by the West German pharmaceutical company Boehringer Ingelheim GmbH, which sponsored the symposium, The Pathway to Successful Management.

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OXITROPIUM BROMIDE PRODUCES EFFECTIVE BRONCHODILATION WITH LONGER DURATION OF ACTION

EASTBOURNE and LONDON, ENGLAND, 7 and 12 September 1990--Oxitropium bromide (Oxivent/Tersigat/Ventilat), a new anticholinergic agent for inhalation therapy of chronic bronchitis and asthma, widens constricted airways for up to 14 hours, according to clinical studies conducted at several centers in the U.K.

The trials were double-blind, randomized, crossover studies comparing oxitropium therapy with placebo, and included a total of 185 patients. Results--measured by pulmonary function tests, symptom scores, ability to exercise, and the need for rescue therapy with other bronchodilators--were presented in Eastbourne at the first of two international symposia on the management of chronic obstructive lung disease.

Oxitropium was effective in both chronic bronchitis and asthma, reported Dr. Paul B. Anderson of Lodge Moor Hospital, Sheffield. His trial used a single 200-mcg dose (2 puffs) of oxitropium.

"The onset of action was quite rapid for an anticholinergic drug," Dr. Anderson said. In chronic bronchitis patients, 70% of oxitropium's mean peak bronchodilatory effect appeared within 5 minutes, and the peak occurred at 60 minutes. Asthmatics showed 65% of the maximum effect by 10 minutes, and the maximum at 80 minutes.

Bronchodilation lasted as long as 10 to 14 hours. "One rarely sees this kind of duration of action in response to standard bronchodilators such as beta$_2$-agonists and ipratropium bromide (Atrovent)," the physician remarked at the symposium, The Pathway to Successful Management.

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Dr. Michael Rudolf also found a prolonged bronchodilator response, in some cases persisting up to 12 hours after inhalation. "Our patients--chronic bronchitics--had fewer symptoms and less need for rescue medication while receiving oxitropium," reported Dr. Rudolf, who works at Ealing and Hammersmith Hospitals in London.

Oxitropium also improved exercise tolerance in patients with chronic bronchitis or emphysema. Dr. Peter Calverley studied 32 patients with stable, severe disease. He found that in many patients, breathlessness after walking fell to some 40% of the level they experienced before oxitropium treatment. After placebo, there was no change, reported Dr. Calverley, who is with Walton Hospital, Liverpool.

"For patients whose daily activities are severely limited, such improvements can make a real difference," the physician commented. "Even those patients whose pulmonary function tests showed little change had quite important clinical benefits in terms of walking distance, cycle exercise time, and levels of breathlessness with oxitropium."

A majority of patients in each trial expressed a preference for oxitropium over placebo. "Many also preferred oxitropium to the therapy they had been receiving before entering the study," Dr. Rudolf observed.

The investigators reported no major side effects associated with oxitropium.

Symposium assesses role of anticholinergics, looks to the future

With new anticholinergic agents offering greater flexibility in managing asthma and chronic obstructive pulmonary disease (COPD, encompassing chronic bronchitis and emphysema), experts in London examined the current and future roles of these bronchodilators.

"Many practitioners still believe that once a patient is diagnosed as having bronchitis or emphysema, bronchodilators are useless because patients do not respond. That is clearly not true," observed Prof. Nicholas Gross, of Stritch-Loyola School of Medicine, Chicago, USA.

"Comparisons have shown that patients with COPD generally respond better to anticholinergics than to beta-agonists, and it is extremely rare to find a patient who doesn't respond at all," he told the audience at the second symposium, Oxitropium--New Horizons, which was held in London during the 1990 meeting of the European Society of Allergy and Clinical Immunology.

Professor Peter Barnes agreed that anticholinergics are very useful in treating COPD, in which cholinergic pathways are important. "In asthma, anticholinergic agents seem to be useful for acute exacerbations," observed the physician, who is at the National Heart & Lung Institute, London. However, they are less useful than beta-agonists for chronic asthma, where cholinergic pathways are proportionately less important.

Turning to the future, Dr. Henri Doods, of Dr. Karl Thomae GmbH, a unit of the West German pharmaceutical company Boehringer Ingelheim GmbH, explained that developing new agents such as oxitropium bromide is one way to increase the value

of anticholinergic therapy. "For example, oxitropium is twice as potent as the older compound ipratropium bromide," Dr. Doods remarked. Oxitropium and ipratropium were developed and are marketed by Boehringer Ingelheim, which sponsored the two symposia.

These agents are given by inhalation, so that they act preferentially on the smooth muscle of the airways. Because they are poorly absorbed into the bloodstream, they have virtually no systemic side effects. "This represents the classic approach to treating COPD," Dr. Doods said.

"A new approach might be to give systemic anticholinergic agents that act specifically on receptors involved in bronchoconstriction," Dr. Doods continued. Among these receptors are a subtype called M_3 receptors. An agent affecting only M_3 receptors could be given systemically, either by mouth or by injection."

One such compound under investigation at Thomae is AQRA 721. In animals, AQRA 721 given intravenously inhibited bronchoconstriction induced via a cholinergic mechanism. Moreover, this effect was achieved at relatively low doses, and the agent has not caused dry mouth or rapid heartbeat, side effects that commonly occur when nonspecific anticholinergic agents are given systemically.

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RUDER FINN INCORPORATED
Schedule of Publications on Behalf of
Novo Nordisk A/S

For Six Months Period Ended September 27, 1990

Description of Publication	By Whom Written Edited or Prepared	By Whom Printed Produced or Published	By Whom Distributed
Releases:			
1. Novo Nordisk A/S to Establish U.S. Research & Development Subsidiary	RF/Novo	RF	RF
2. Dr. Robert J. Lefkowitz of Howard Hughes Medical Institute Receives 1990 Novo Nordisk Biotechnology Award	RF/Novo	RF	RF
3. Novo Nordisk Sells Majority Stake of Alfred Joergensen Laboratory Ltd. to Management Group	RF/Novo	RF	RF
4. U.S. Division of Novo Nordisk Announces Name Change	RF/Novo	RF	RF
5. Annual General Meeting at Novo Nordisk	RF/Novo	RF	RF
6. Health Care Group Appointment	RF/Novo	RF	RF
7. Novo Nordisk First Quarter 1990 Statement	RF/Novo	RF	RF
8. Du Pont and Novo Nordisk Announce Biological Insecticide Marketing Agreement	RF/Novo	RF	RF

9. Novo Nordisk Executive Elected to Board of Industrial Biotechnology Association	RF	RF	RF
10. Novo Nordisk Mergers Australian Pharmaceutical Operations	RF/Novo	RF	RF
11. Novo Nordisk Co-Managing Director Henry Brennum Died	RF/Novo	RF	RF
12. Unique Insulin "Pen" Wins 1990 BBC Design Awards	RF/Novo	RF	RF
13. Future of Enzymes Addressed at European Biotechnology Conference	RF/Novo	RF	RF
14. First Half 1990 Statement	RF/Novo	RF	RF
15. Novo Nordisk Launches an Innovative Biotechnology Competition for Graduate Students	RF	RF	RF
16. National Survey Reveals Strong Public Support for Biological Pesticide Development and Use	RF	RF	RF
17. Common Form of Diabetes Brings More Complications, Requires More Treatment than Previously Thought	RF/Novo	RF	RF
18. Novo Nordisk A/S Opens U.S. Research & Development Subsidiary	RF	RF	RF
19. Nasal Insulin Formulation Offers Fast Absorption without Injection, New Study Shows	RF/Novo	RF	RF

20. Novo Nordisk's Japanese Pharmaceutical Subsidiary Signs Distibution Agreement with Japanese Heavyweight	RF/Novo	RF	RF
21. New Blood Coagulation Monitor Gives Results in Minutes	RF/Novo	RF	RF

During the six months, Ruder Finn was engaged in the following activities on behalf of Novo Nordisk A/S.

1. Ruder Finn continued to fill requests from U.S. media for information on Novo Nordisk.

2. Editorial service for The Novo Nordisk Magazine, the corporate newsletter, was provided and the issues were distributed through Ruder Finn to the U.S. media in June and September 1990.

3. First quarter and first half financial results and releases announcing other major corporate developments were distributed for Novo Nordisk in the U.S. to the media.

4. Monitored major issues in the media that relate to Novo Nordisk's businesses.

5. Organized a reception celebrating the inauguration of a new pesticide subsidiary, Entotech, Inc., located in Davis, CA.

6. Organized an intercollegiate competition called the "Novo Nordisk Biotech Challenge." The school represented by the first and second place teams received grants of $7,500 and $2,500, respectively.

7. Created meeting summaries of major diabetes care medical meetings for the media on behalf of Novo Nordisk.

8. Arranged meetings for Novo Nordisk executives with government and government agency representatives.

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