

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90003 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002651

1. Corporation Name
WATSON WYATT INVESTMENT CONSULTING, INC.



Principal Place of Business 6707 DEMOCRACY BLVD STE 800 BETHESDA MD 20817 US	Mailing Address 6707 DEMOCRACY BLVD 800 BETHESDA MD 20817-1129 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 05/23/1994	
4. FEI Number 52-1868818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDENWERPER, WALTER W	1.2 NAME	
STREET ADDRESS	6707 DEMOCRACY BLVD STE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENS, CHARLES A	2.2 NAME	SMITH, A.W., JR.
STREET ADDRESS	1801 E. 9TH ST., #1400	2.3 STREET ADDRESS	6707 DEMOCRACY BLVD., SUITE 800
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	BETHESDA, MD 20817-1129
TITLE	CFQ <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CHIEF FINANCIAL OFFICIER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANES, BARBARA L	3.2 NAME	MAUTZ, CARL
STREET ADDRESS	6707 DEMOCRACY BLVD SUITE 800	3.3 STREET ADDRESS	6707 DEMOCRACY BLVD., SUITE 800
CITY-ST-ZIP	BETHESDA MD 20817-1129	3.4 CITY-ST-ZIP	BETHESDA, MD 20817-1129
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SCHNEIDER, PHIL
STREET ADDRESS		4.3 STREET ADDRESS	6707 DEMOCRACY BLVD., SUITE 800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BETHESDA, MD 20817-1129
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **WALTER W. BARDENWERPER** Date _____ 301-581-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)