

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000002651**

1. Entity Name
WATSON WYATT INVESTMENT CONSULTING, INC.

FILED

02 NOV -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
1717 H STREET NW **1717 H STREET NW**
SUITE 600 **SUITE 600**
WASHINGTON DC 20006-3900 **WASHINGTON DC 20006-3900**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
04/18/02 9D 375 042 150.00
 4. FE Number **52-1868818** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **NRAI SERVICES, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
 City **Tallahassee** FL Zip Code **32301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$150.00
After Mar 31, 2002 Fee will be \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BARDENWERPER, WALTER W 6707 DEMOCRACY BLVD STE 800 BETHESDA MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HALEY, JOHN H 6707 DEMOCRACY BLVD., STE 800 BETHESDA MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete MAUTZ, CARL 6707 DEMOCRACY BLVD SUITE 800 BETHESDA MD 20817-1129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete SCHNEIDER, PHIL 6707 DEMOCRACY BLVD SUITE 800 BETHESDA MD 20817-1129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 H Street, NW Suite 600 Washington, DC 20006-3900 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 H Street, NW Suite 600 Washington, DC 20006-3900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 H Street, NW Suite 600 Washington, DC 20006-3900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric B. Schweizer 1717 H Street, NW Suite 600 Washington, DC 20006-3900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Howard Crane 701 Fifth Ave Suite 2100 Seattle, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 78

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Eric B. Schweizer** 202-715-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #