


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002651

1. Entity Name
WATSON WYATT INVESTMENT CONSULTING, INC.



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



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

4. FEI Number Applied For

52-1868818 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S Delete

NAME **BARDENWERPER, WALTER W**

STREET ADDRESS **1717 H STREET NW**

CITY-ST-ZIP **WASHINGTON DC 20006-3900**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE P Delete

NAME **HALEY, JOHN H**

STREET ADDRESS **1717 H STREET NW**

CITY-ST-ZIP **WASHINGTON DC 20006-3900**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE CFO Delete

NAME **MAUTZ, CARL**

STREET ADDRESS **1717 H STREET NW**

CITY-ST-ZIP **WASHINGTON DC 20006-3900**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE AT Delete

NAME **CLARK, CHRISTINE M**

STREET ADDRESS **1717 H STREET NW**

CITY-ST-ZIP **WASHINGTON DC 20006-3900**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE P Delete

NAME **CRANE, HOWARD**

STREET ADDRESS **701 FIFTH AVE, SUITE 2100**

CITY-ST-ZIP **SEATTLE WA**

TITLE Change Addition

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine M. Clark* **Christine M. Clark** **3/26/04** **202-715-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #