

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90105 047 ***150.00

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04152005 Chg-P CR2E034 (10/03)

DOCUMENT # F94000002651
1. Entity Name
WATSON WYATT INVESTMENT CONSULTING, INC.



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

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

City & State

Zip Country Zip Country

4. FEI 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
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: S NAME: BARDENWERPER, WALTER W STREET ADDRESS: 1717 H STREET NW CITY-ST-ZIP: WASHINGTON, DC 200063900	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: HALEY, JOHN H STREET ADDRESS: 1717 H STREET NW CITY-ST-ZIP: WASHINGTON, DC 200063900	<input checked="" type="checkbox"/> Delete
TITLE: CFO NAME: MAUTZ, CARL STREET ADDRESS: 1717 H STREET NW CITY-ST-ZIP: WASHINGTON, DC 200063900	<input checked="" type="checkbox"/> Delete
TITLE: AT NAME: CLARK, CHRISTINE M STREET ADDRESS: 1717 H STREET NW CITY-ST-ZIP: WASHINGTON, DC 200063900	<input type="checkbox"/> Delete
TITLE: P NAME: CRANE, HOWARD STREET ADDRESS: 701 FIFTH AVE, SUITE 2100 CITY-ST-ZIP: SEATTLE, WA	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: S NAME: Sara Hutchinson STREET ADDRESS: 2001 Ross Avenue CITY-ST-ZIP: Suite 4200 Dallas, TX 75201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFO NAME: CARL HESS STREET ADDRESS: 875 3RD AVE. CITY-ST-ZIP: NEW YORK, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine M. Clark 4/22/05 202-715-7052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #