

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90548 024 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1868818** Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BARDENWERPER, WALTER W</b>	
STREET ADDRESS	<b>1717 H STREET NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20006-3900</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALEY, JOHN H</b>	
STREET ADDRESS	<b>1717 H STREET NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20006-3900</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>MAUTZ, CARL</b>	
STREET ADDRESS	<b>1717 H STREET NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20006-3900</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHWEIZER, ERIC B</b>	
STREET ADDRESS	<b>1717 H STREET NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20006-3900</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, HOWARD</b>	
STREET ADDRESS	<b>701 FIFTH AVE, SUITE 2100</b>	
CITY-ST-ZIP	<b>SEATTLE WA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ASST. T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Clark, Christine M.</b>	
STREET ADDRESS	<b>1717 H Street, NW</b>	
CITY-ST-ZIP	<b>Washington, DC 20006-3900</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 4/18/03 202-715-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)