

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002651

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**6728659102CC**

**Entity Name:** TOWERS WATSON INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

800 NORTH GLEBE ROAD  
ARLINGTON, VA 22203

**Current Mailing Address:**

800 NORTH GLEBE ROAD  
ARLINGTON, VA 22203 US

**FEI Number: 52-1868818**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           ROSS , KEMP  
Address        233 SOUTH WACKER DRIVE  
                  WILLIS TOWER  
City-State-Zip: CHICAGO IL 60606

Title           DIRECTOR  
Name           FORD, CHRIS  
Address        WATSON HOUSE  
                  LONDON ROAD  
City-State-Zip: REIGATE RH2 9PQ

Title           DIRECTOR, CHIEF FINANCIAL  
                  OFFICER, TREASURER  
Name           MISRA, REKHA  
Address        200 LIBERTY STREET  
City-State-Zip: NEW YORK NY 10281

Title           SECRETARY  
Name           MCKILLIP, CHRISTINE  
Address        233 SOUTH WACKER DRIVE  
                  WILLIS TOWER  
City-State-Zip: CHICAGO IL 60606

Title           DIRECTOR  
Name           BERRIMAN, PAUL CHRISTOPHER  
Address        51 LIME STREET  
City-State-Zip: LONDON EC3M7DQ

Title           CHIEF COMPLIANCE OFFICER  
Name           GILBERT, MARK  
Address        233 SOUTH WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTINE MCKILLIP**

**SECRETARY**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date