

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **813755** (6)
1. Corporation Name
WATSON WYATT & COMPANY, INC.

Principal Place of Business 8707 DEMOCRACY BLVD STE 800 BETHESDA MD 20817 US	Mailing Address 8707 DEMOCRACY BLVD STE 800 BETHESDA MD 20817 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1959	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 53-0181291	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	1.1 TITLE	P
NAME	LEARY, DEBRA F.	1.2 NAME	A. W. SMITH, JR
STREET ADDRESS	13009 BOSWELL CT	1.3 STREET ADDRESS	1133 TOWLSTON ROAD
CITY-ST-ZIP	POTOMAC MD	1.4 CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	V	2.1 TITLE	
NAME	BUSBY, MICHAEL D.	2.2 NAME	
STREET ADDRESS	623 ABBOTSFORD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	CLEMENS, CHARLES A.	3.2 NAME	
STREET ADDRESS	3229 BELVOIR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	3.4 CITY-ST-ZIP	
TITLE	EVD	4.1 TITLE	
NAME	DAOUST, PAUL R.	4.2 NAME	
STREET ADDRESS	114 FARM ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	ELLIS, ROBERT J.	5.2 NAME	
STREET ADDRESS	2102 CONNECTICUT AVE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DEBRA F. LEARY**

4/7/98 301-581-4600

CR2E034 (10/97)