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

Mailing Address

STE 800

26

27

6707 DEMOCRACY BLVD

BETHESDA MD 20817

2a. Mailing Address

City & State

Suite, Apt. #, etc.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 813755

1. Corporation Name

Principal Place of Business

Principal Place of Business

6707 DEMOCRACY BLVD

Suite, Apt. #, etc.

City & State

BETHESDA MD 20817

STE 800

21

22

WATSON WYATT & COMPANY, INC.

23		28				Trust Fund Contribution	Added	to rees
Zip	Country	Zip		Country		8. This corporation owes the curren	nt year Intangible	_
24	25	29	30			Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agent	
					Name	<del></del>		
CT CORPORATION SYSTEM						Hidrage (D.O. Day Number in Not Assentab	la)	
1200 S. PINE ISLAND ROAD			82	Street P	Address (P.O. Box Number is Not Acceptab	ie;		
PLAN	ITATION FL 33324			83			· · · · · · · · · · · · · · · · · · ·	
				84	City		FL 85 Zip	Code
		0 1007 4F00 FL 1	de Chelules M		od d	corneration submite this statement for the o		registered
11. Pursuant	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 607.1508, Flore of Florida. Such chan	da Statutes, ti de was authoi	ne above rized by	the corpo	corporation submits this statement for the pration's board of directors. I hereby accept	the appointment as re	gistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0	5505, Florida	Statutes.				
SIGNATURE								
OIGHT TOTAL	Signature, typed or printed name of registered ager				t signature re	quired when reinstaling)	DATE	NDC IN 12
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	X Addition
TITLE	TO	Ĺ <b>x</b> Di	ľ	1.1 TITLE		TO	☐ Criange	[X] Addition
NAME	Leary, Debra F.		1.3			CLARK, CHRISTINE		
STREET ADDRESS	13009 BOSWELL CT		1.3 STREET ADDRESS		9423 SHOUSE DRIVE			
CITY-ST-ZIP	POTOMAC MD	C MD		1.4 CITY-ST-ZIP		VIENNA, VA 22182		
TITLE	V	D	ELETE	2.1 TITLE		CFO	Change	X Addition
NAME	BUSBY, MICHAEL D.		2.2 NAME		MAUTZ, CARL			
STREET ADDRESS	623 ABBOTSFORD RD			2.3 STREET	ADDRESS	2803 RIFLE RIDGE ROAD		
CITY-ST-ZIP	KENILWORTH IL			2. 4 CITY-S	T-ZIP	OAKTON, VA 22124	_	
TITLE	P	X D	X DELETE			Р	☐ Change	X Addition
NAME	SMITH, JR A W		1	3.2 NAME		HALEY, JOHN J.		
	1133 TOWLSTON ROAD			3.3 STREET	ADDRESS	10525 ALLOWAY DRIVE		
STREET ADDRESS	MCLEAN VA 22102			3.4. CITY-S		POTOMAC, MD 20654		
CITY-ST-ZIP		<u> </u>		4.1 TITLE	1-21	<del></del>	Change	X Addition
TITLE	EVD	د بین	1			S BARDENWERPER, WALTER W.	— <b>-</b>	
NAME	7,0001,17,0210		4. 2 NAME		9633 EAGLE RIDGE DRIVE			
STREET ADDRESS				4.3 STREET ADDRESS		BETHESDA, MD 20817		
CITY-ST-ZIP	DOVER MA			4.4 CITY-S'	- ZIP	, ,	Change	Addition
TITLE	V	□ υ		5.1 TITLE			□ change	
NAME	ELLIS, ROBERT J.		1	5.2 NAME				
STREET ADDRESS	2102 CONNECTICUT AVE NW			5.3 STREET	- 1			
CITY-ST-ZIP	WAHINGTON DC			5.4 CITY-S	r-ZiP			T Addis-
TITLE		□ D		6.1 TITLE	]		☐ Change	Addition
NAME	, , ,			6.2 NAME				
STREET ADDRESS	-		ŀ	6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S				
dd Ibarabic	certify that the information supplied w	th this filing does not	qualify for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I	further certify that the	information
indicated	on this annual report or supplementa director of the corporation or the rece	l annual report is true iver or trustee empow	and accurate ered to execu	and tha Ite this re	t my signa ebort as r	ature shall have the same legal effect as it equired by Chapter 607, Florida Statutes;	made under dam, mai	I alli all
Block 12	or Block 13 if changed, or on an attac	hment with an address	ss, with all oth	er like er	npowered	j.	,	

SIGNATURE:

Christine M. Clark

301-581-4600

Daytime Phone #

May 07, 1999 8:00 am Secretary of State 05-07-1999 90003 004 \*\*\*150.00

**FILED** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

07/20/1959

53-0181291

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

CR2E034 (11/98)