

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813755

1. Entity Name

WATSON WYATT & COMPANY, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90137 041 \*\*\*150.00

Principal Place of Business

Mailing Address

6707 DEMOCRACY BLVD  
STE 800  
BETHESDA MD 20817  
US

6707 DEMOCRACY BLVD  
STE 800  
BETHESDA MD 20817-1166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

53-0181291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TO	<input type="checkbox"/> Delete
NAME	CLARK, CHRISTINE	
STREET ADDRESS	9423 SHOUSE DR	
CITY - ST - ZIP	VIENNA VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUSBY, MICHAEL D.	
STREET ADDRESS	623 ABBOTSFORD RD	
CITY - ST - ZIP	KENILWORTH IL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MAUTZ, CARL	
STREET ADDRESS	2803 RIFLE RIDGE RD	
CITY - ST - ZIP	OAKTOWN VA 22124	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALEY, JOHN J	
STREET ADDRESS	10525 ALLOWAY DR	
CITY - ST - ZIP	POTOMAC MD	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, ROBERT J.	
STREET ADDRESS	2102 CONNECTICUT AVE NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARDENWERPER, WALTER W	
STREET ADDRESS	9633 EAGLE RIDGE DR	
CITY - ST - ZIP	BETHESDA MD	

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christine M. Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00  
Date

(301) 581-4600  
Daytime Phone #

CR2E034 (9/99)