

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 813755**

1. Entity Name

**WATSON WYATT & COMPANY, 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

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

**NRAI SERVICES INC  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE **TO** ☐ Delete  
NAME **CLARK, CHRISTINE**  
STREET ADDRESS **8423 SHOUSE DR**  
CITY- ST- ZIP **VIENNA VA**

TITLE **V** ☐ Delete  
NAME **BUSBY, MICHAEL D.**  
STREET ADDRESS **623 ABBOTSFORD RD**  
CITY- ST- ZIP **KENILWORTH IL**

TITLE **CFO** ☐ Delete  
NAME **MAUTZ, CARL**  
STREET ADDRESS **2803 RIFLE RIDGE RD**  
CITY- ST- ZIP **OAKTOWN VA 22124**

TITLE **P** ☐ Delete  
NAME **HALEY, JOHN J**  
STREET ADDRESS **10525 ALLOWAY DR**  
CITY- ST- ZIP **POTOMAC MD**

TITLE **S** ☐ Delete  
NAME **BARDENWERPER, WALTER W**  
STREET ADDRESS **4908 CHESAPEAKE ST, NW**  
CITY- ST- ZIP **WASHINGTON DC 20016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000103118**  
CITY- ST- ZIP **04/05/04-80042-017 150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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*

**Christine M. Clark**

**3/26/04**

**202-715-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #