

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813755

FILED
Apr 26, 2007
Secretary of State

Entity Name: WATSON WYATT & COMPANY, INC.

Current Principal Place of Business:

901 N GLEBE RD
SUITE 600
ARLINGTON, VA 22203 US

New Principal Place of Business:

Current Mailing Address:

901 N GLEBE RD
SUITE 600
ARLINGTON, VA 22203 US

New Mailing Address:

FEI Number: 53-0181291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TO () Delete
Name: AYERS, CLAY
Address: 901 N GLEBE RD; STE 600
City-St-Zip: ARLINGTON, VA 22203

Title: V () Delete
Name: BUSBY, MICHAEL D.,
Address: 623 ABBOTSFORD RD
City-St-Zip: KENILWORTH, IL

Title: CFO () Delete
Name: MAUTZ, CARL
Address: 2803 RIFLE RIDGE RD
City-St-Zip: OAKTOWN, VA 22124

Title: P () Delete
Name: HALEY, JOHN J
Address: 799 CRANDON BLVD #1205
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: BARDENWERPER, WALTER W
Address: 5944 SEARL TERR
City-St-Zip: BETHESDA, MD 20816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BARDENWERPER, WALTER W
Address: 5944 SEARL TERR
City-St-Zip: BETHESDA, MD 20816

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLAY AYERS

TO

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date