

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836154

FILED
Feb 14, 2012
Secretary of State

Entity Name: TOWERS WATSON PENNSYLVANIA INC.

Current Principal Place of Business:

1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102

New Principal Place of Business:

1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102 US

Current Mailing Address:

1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102

New Mailing Address:

1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102 US

FEI Number: 23-1159360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P
Name: HALEY, JOHN
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: VP
Name: BARDENWERPER, WALTER
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: S
Name: BARDENWERPER, WALTER
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: T
Name: O'BOYLE, MICHAEL
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: D
Name: FOREMAN, JAMES
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: GTD
Name: BUCHANAN, NORMAN
Address: 1500 MARKET STREET, CENTRE SQUARE EAST
City-St-Zip: PHILADELPHIA, PA 19102 US

I hereby 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 all other like empowered.

SIGNATURE: NORMAN BUCHANAN

GTD

02/14/2012

Electronic Signature of Signing Officer or Director

Date