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DATE: 04-22-02

NAME: WATSON SYATT INSURANCE CONSULTING, INC.

TYPE OF FILING: ARTICLES

400005313844--8  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Watson Wyatt Insurance Consulting, Inc.  
(Name of corporation - must include suffix)

02 APR 22 PM 1:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elaine Wiggins

(Name of Person)

Watson Wyatt & Company

(Firm/Company)

1717 H Street NW

(Address)

Washington DC 20006

(City/State and Zip code)

For further information concerning this matter, please call:

Elaine Wiggins

(Name of Person)

at (202) 715-7000

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED  
02 APR 22 PM 1:25  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

1. Watson Wyatt Insurance Consulting, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 52-2288033

(FEI number, if applicable)

4. 12/22/00

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1717 H Street NW, Washington DC 20006

(Principal office address)

same as above

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized or qualified in the State of FL  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

, Florida 32301

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

NRAI Services, Inc.

By: John Christel Vice-Pres. of NRAI

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Eric Lofren

Address: 1600 Market Street Suite 2000

Phidelphia PA 19103-7240

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Maureen Cotter

Address: One Northwestern Plaza, 28411 Northwestern Highway

Suite 500, Detroit, MI 48034

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Maureen Cotter

Address: One Northwestern Plaza, 28411 Northwestern Highway

Suite 500, Detroit, MI 48034

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

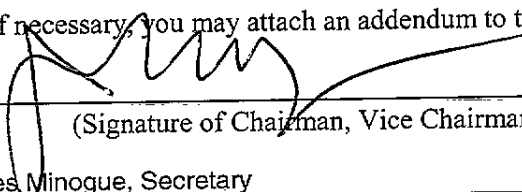
Secretary: James Minogue

Address: 1717 H Street, NW, Washington DC 20006

Treasurer: Eric Schweizer

Address: 1717 H Street, NW, Washington DC 20006

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Minogue, Secretary  
(Typed or printed name and capacity of person signing application)

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APR 22 AM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

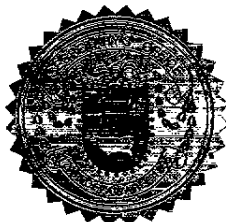
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATSON WYATT INSURANCE CONSULTING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS ELEVENTH DAY OF APRIL, A.D. 2002.

FILED  
02 APR 22 PM 1:25  
THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1717624

DATE: 04-11-02