

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90314 049 \*\*\*150.00

DOCUMENT # F02000001981

1. Entity Name

Watson Wyatt Insurance Consulting, 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

52-2288033

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME Cotter, Maureen  
STREET ADDRESS 28411 Northwestern Hwy, Suite 500  
CITY-ST-ZIP Detroit, MI 48634

TITLE PD ☐ Change ☒ Addition  
NAME Chien, Ted  
STREET ADDRESS 8400 Normandale Lake Blvd., Suite 1700  
CITY-ST-ZIP Minneapolis, MN 55437-3811

TITLE S ☐ Delete  
NAME Minogue, James  
STREET ADDRESS 1717 H. Street NW, Suite 600  
CITY-ST-ZIP Washington, DC 20006

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

TITLE T ☒ Delete  
NAME Schweizer, Eric  
STREET ADDRESS 1717 H Street NW, Suite 600  
CITY-ST-ZIP Washington, DC 20006

TITLE AT ☐ Change ☒ Addition  
NAME Clark, Christine M.  
STREET ADDRESS 1717 H. Street NW, Suite 600  
CITY-ST-ZIP Washington, DC 20006-3900

TITLE CD ☒ Delete  
NAME Lofren, Eric  
STREET ADDRESS 1600 Market Street, Suite 2000  
CITY-ST-ZIP Philadelphia, PA 19103-7240

TITLE VP ☐ Change ☒ Addition  
NAME Adams, Richard J.  
STREET ADDRESS 1001 Lakeside Avenue, Suite 1900  
CITY-ST-ZIP Cleveland, OH 44114-1172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Chit Chit

Christine M. Clark

202-715-7652