

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001981

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: WATSON WYATT INSURANCE CONSULTING, INC.

## Current Principal Place of Business:

901 N GLEBE RD  
STE 600  
ARLINGTON, VA 22203

## New Principal Place of Business:

## Current Mailing Address:

901 N GLEBE RD  
STE 600  
ARLINGTON, VA 22203

## New Mailing Address:

FEI Number: 52-2288033      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: PD ( ) Delete  
Name: CHIEN, TED  
Address: 8400 NORMANDALE LAKE BLVD STE 1700  
City-St-Zip: MINNEAPOLIS, MN 554373811

Title: S ( ) Delete  
Name: MINOGUE, JAMES  
Address: 901 N GLEBE RD; STE 600  
City-St-Zip: ARLINGTON, VA 22203

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

Title: VP ( ) Delete  
Name: ADAMS, RICHARD J  
Address: 1001 LAKESIDE AVE STE 1900  
City-St-Zip: CLEVELAND, OH 441141172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NUSSBAUM, TED  
Address: 4 LANDMARK SQUARE  
City-St-Zip: STAMFORD, CT 06901

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