

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001981

FILED
Mar 06, 2009
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: NUSSBAUM, TED
Address: 4 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NUSSBAUM, TED
Address: 901 N GLEBE RD; STE 600
City-St-Zip: ARLINGTON, VA 22203

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

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

Title: VP (X) Change () Addition
Name: ADAMS, RICHARD J
Address: 901 N GLEBE ROAD, SUITE 600
City-St-Zip: ARLINGTON, VA 441141172

Title: T () Change (X) Addition
Name: O'BOYLE, MICHAEL
Address: 901 N GLEBE ROAD, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

I hereby certify that the information supplied with this filing does not qualify 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

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date