

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2011
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:

901 N GLEBE RD
ARLINGTON, VA 22203

Current Mailing Address:

901 N GLEBE RD
STE 600
ARLINGTON, VA 22203

New Mailing Address:

901 N GLEBE RD
ARLINGTON, VA 22203

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.
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: PD
Name: NUSSBAUM, TED
Address: 901 N GLEBE RD
City-St-Zip: ARLINGTON, VA 22203

Title: S
Name: MINOGUE, JAMES
Address: 901 N GLEBE RD
City-St-Zip: ARLINGTON, VA 22203

Title: D
Name: ADAMS, RICHARD
Address: 901 N GLEBE RD
City-St-Zip: ARLINGTON, VA 22203

Title: VP
Name: ADAMS, RICHARD J
Address: 901 N GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

Title: T
Name: O'BOYLE, MICHAEL
Address: 901 N GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

Title: D
Name: NUSSBAUM, TED
Address: 901 N GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

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 J BUCHANAN

GTD

02/21/2011

Electronic Signature of Signing Officer or Director

Date