## F02000001981

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)	<u></u>	
(Cit	ry/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		•	

Office Use Only



700237808887

RECEVED

12 AUG -1 PM 4 29

SECRETARY OF STATE

10 - Harana | 8/2/12

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 08/01/12

NAME: WATSON WYATT INSURANCE CONSULTING, INC.

TYPE OF FILING: WITHDRAWAL

COST: 35.00

**RETURN:** 

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

	ent Section of Corporations		
SUBJECT:	Watson W	yat Insura (Name of Corporation	nce Consulting, Inc.
DOCUMENT N	UMBER: 05/0	15/2004 413	68
	ndrawal application and correspondence concernit	•	<del>-</del>
1	Elaine Wiggins	, do Towe	ur Watson
	•	(Name of Person)	
9	OI N. Glebe.	Rd.	
		(Firm/Company)	
		(Address)	
/	Arlington, VA	22203	
	(0	City/State and Zip code	)
For further inform	ation concerning this ma	tter, please call:	•
Elaine Wig	agins	at (763)	258-8000 le & Daytime Telephone Number)
(N:	ame of Person) ck for the amount:	(Area Cod	le & Daytime Telephone Number)
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	□\$52.50 Filing Fee,     Certificate of Status & Certified     Copy (Additional copy is enclosed)
An Div P.C	AILING ADDRESS: nendment Section vision of Corporations D. Box 6327 llahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Watson Wyatt Insurance Consulting, In	.c <i>.</i>
(Name of Corporation)	
05/05/20044/368 (Document Number of Corporation (if known)	
(200 miles)	
Delaware (Incorporated Under Laws of)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising du	ıring
the time it was authorized to transact business or conduct affairs in Florida.	
the time it was authorized to transact business or conduct affairs in Florida.  The following is a current mailing address for the corporation:  901 N. Glebe Rd.  (Mailing Address)  Arlington, VA 22203	
901 N. Glebe Rd. (Mailing Address)	The same of
(Mailing Address)	
Arlington, VA 22203 (City/State/Zip)	- Carrie
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of a director, president or other officer - If in the hands of a (Date)	_
receiver or other court appointed fiduciary, by that fiduciary)	
Scott A. Kenney Secretary	
(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35