


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State


05-01-2008 90222 013 ***150.00

| | | |
|--------------------------------------|--|---|
| DOCUMENT # F94000004703 | |  |
| 1. Entity Name OLIVER WYMAN, INC. | | |

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| Principal Place of Business 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 | Mailing Address 121 RIVER STREET 11TH FL, TAX DEPT HOBOKEN, NJ 07030 |
|--|---|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40090369



04182008 Chg-P CR2E034 (12/06)

| | |
|---|-------------------------------|
| 4. FEI Number 52-1066481 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

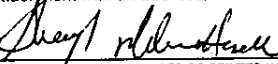
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROTBERG, JOSEPH B 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO/D FOX, JR, ROBERT C. 200 CLARENDON ST. BOSTON, MA 02116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FAGAN, WILLIAM C 1166 AVENUE OF THE AMERICAS NEW YORK, NY <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOLTON, DANA J. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO CUNNINGHAM, MATTHEW J 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO/D CUNNINGHAM, MATTHEW J 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD DRZIK, JOHN 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT MULRAINE-HAZELL, SHERYL P 121 RIVER ST HOBOKEN, NJ 07030 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KAPUSTKA, JAMES 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KNEE, JEFFRAY A. 121 RIVER ST. HOBOKEN, NJ 07030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **SHERYL P. MULRAINE-HAZELL** **4/24/08** **(201) 284-4774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40090364
#F94000004703

OLIVER WYMAN, INC.
(FORMERLY MERCER MANAGEMENT CONSULTING, INC.)
(Delaware)
Incorporated September 9, 1976

Officers & Directors:

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> |
|---------------------------|-------------------------------------|---|
| John P. Drzik | Chairman/President Director | 1166 Avenue of the Americas New York, NY 10036 |
| Matthew John Cunningham | Chief Financial Officer/Director | 1166 Avenue of the Americas New York, NY 10036 |
| Robert C. Fox, Jr | Chief Operating Officer/Director | 200 Clarendon St. Boston, MA 02116 |
| Dana J. Bolton | Secretary | 1166 Avenue of the Americas New York, NY 10036 |
| Paula C. McGlarry | Assistant Secretary | 1166 Avenue of the Americas New York, NY 10036 |
| Jeffrey A. Knee | Treasurer | 121 River Street Hoboken, NJ 07030 |
| Frank A. Cammaroto | Assistant Treasurer | 121 River Street Hoboken, NJ 07030 |
| Sheryl P. Mulraine-Hazell | Assistant Treasurer | 121 River Street Hoboken, NJ 07030 |
| Thomas O'Keeffe | Assistant Treasurer | 121 River Street Hoboken, NJ 07030 |