

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90171 019 \*\*\*150.00

40080182



<b>DOCUMENT # 851221</b> 1. Entity Name <b>MERCER HUMAN RESOURCE CONSULTING, INC.</b>							
Principal Place of Business <b>1166 AVE. OF THE AMERICAS TAX DEPT. 30 FL NEW YORK, NY 10036-2708</b>			Mailing Address <b>121 RIVER STREET 5TH FL-TAX DEPT. HOBOKEN, NJ 07030 US</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>121 RIVER STREET 11TH FL. TAX DEPT HOBOKEN, NJ</b>		04122007    Chg-P    CR2E034 (12/06)			
City & State Zip                      Country		City & State <b>HOBOKEN, NJ</b> Zip                      Country <b>07030                      USA</b>		4. FEI Number <b>13-2834414</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFOD MAYHEW, DAVID L 121 RIVER STREET HOBOKEN, NJ 07030</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WOERNER, LAWRENCE WILLIAM 200 SOUTH DISCAYNE BLVD MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CONNOR, DEAN A 1166 AVE OF THE AMERICAS NEW YORK, NY 10036</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C GROSSMAN, HOWARD 10 SOUTH WACKER DR. CHICAGO, IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CONNOR, DEAN A 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S GOLDENBERG, DAVID M. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD FAGAN, WILLIAM C. 1166 AVE OF THE AMERICAS NEW YORK, NY 10036</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T PERCELLA, DANIEL L. 121 RIVER STREET HOBOKEN, NY 07030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT MULARINE-HAZEL, SHERYL P 121 RIVER ST HOBOKEN, NJ 07030</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT MULRAINE-HAZELL, SHERYL P. 121 RIVER STREET HOBOKEN, NJ 07030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT CAMMAROTO, FRANK A. 121 RIVER STREET HOBOKEN, NJ 07030</b>	<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.							
<b>SIGNATURE:</b> <u>SHERYL P. MULARINE-HAZEL</u> <u>4/13/07</u> <u>(201) 284-4774</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>							

**MERCER HUMAN RESOURCE CONSULTING, INC.**

**(Delaware)**

**Incorporated July 9, 1975**

**ATTACHMENT**

**Officers & Directors**

40080182

#851221

<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>
Lawrence William Woerner	President/Director	200 South Biscayne Blvd. Miami, Fl. 33131
Howard Grossman	Controller	10 South Wacker Dr, Chicago, IL 60606
Patricia M. Daniels	Chief HR Officer	1166 Avenue of the Americas New York, NY 10036
Edward F. Fenton, Jr.	Chief IT Officer	462 South Fourth Ave. Suite 1500 Louisville, KY 40202
Ziporah Janowski	Assistant Secretary	1166 Avenue of the Americas New York, NY 10036
David M. Goldenberg	Secretary/ General Counsel	1166 Avenue of the Americas New York, NY 10036
Daniel L. Percella	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 M. O'Keeffe	Assistant Treasurer	121 River Street Hoboken, NJ 07030
Ashgar E. Alam	Director	1166 Avenue of the Americas New York, NY 10036
Gerard Fazio	Director	121 River Street Hoboken, NJ 07030