

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001360

Entity Name: DXC US ADMINISTRATIVE SERVICES LLC**Current Principal Place of Business:**1775 TYSONS BLVD
ATTN: CORPORATE SECRETARY TEAM
TYSONS, VA 22102**Current Mailing Address:**1775 TYSONS BLVD
C/O ATTN: CORPORATE SECRETARY TEAM
TYSONS, VA 22102 US**FEI Number:** 20-3622521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US*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**Authorized Person(s) Detail :**Title PRESIDENT, TREASURER
Name DIAO, H.C. CHARLES
Address 1775 TYSONS BLVD
City-State-Zip: TYSONS VA 22102Title VP, ASST. TREASURER
Name MANNA, NEIL ANGELO
Address 1775 TYSONS BLVD
City-State-Zip: TYSONS VA 22102Title VP, SECRETARY
Name HASAN, ZAFAR A.
Address 1775 TYSONS BLVD
City-State-Zip: TYSONS VA 22102Title MANAGER, ASST. SECRETARY, ASST.
TREASURER
Name DIGAN, CHRISTOPHER E
Address 1775 TYSONS BLVD
City-State-Zip: TYSONS VA 22102Title ASST. TREASURER
Name CETIN, CEYHUN
Address 1775 TYSONS BLVD
City-State-Zip: TYSONS VA 22102

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZAFAR A. HASAN**SECRETARY****03/12/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date