

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004396

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC6130382489**

**Entity Name:** NTT DATA OPTIMAL NATIONAL SECURITY SERVICES, INC.

**Current Principal Place of Business:**

100 CITY SQUARE  
BOSTON, MA 02129

**Current Mailing Address:**

100 CITY SQUARE  
ATTN: TAX DEPT  
BOSTON, MA 02129 US

**FEI Number:** 20-4188697

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
C/O NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title DIRECTOR  
Name MCCAIN, JOHN W  
Address 5601 GRANITE PARKWAY  
SUITE 1000  
City-State-Zip: PLANO TX 75024

Title DIRECTOR AND CFO  
Name CROXVILLE, DAVID  
Address 5601 GRANITE PARKWAY  
SUITE 1000  
City-State-Zip: PLANO TX 75024

Title ASSISTANT TREASURER  
Name GILL, CHARLES C  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title PRESIDENT  
Name MOUCHAWAR, MARVIN LEE  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title DIRECTOR  
Name RASMUSSEN, ROBB  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title TREASURER  
Name VANCE, MEREDITH  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title VICE PRESIDENT TAX  
Name WAGNON, TROY  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title VICE PRESIDENT TAX  
Name GILL, CHARLES C.  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

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*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:** CHARLES C. GILL

**VICE PRESIDENT TAX**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name DICK, JOHN M.  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title ASSISTANT SECRETARY  
Name PEDERSEN, CHARLES W.  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title ASSISTANT SECRETARY  
Name LURIE, JENNIFER M.  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

Title ASSISTANT SECRETARY  
Name KROPA, KATRINA  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129