

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004396

FILED
Apr 27, 2018
Secretary of State
CC3570057841

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, VP AND CFO
Name CROXVILLE, WILLIAM DAVID
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 SECRETARY
Name DICK, JOHN M.
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 PEDERSEN, C. WHITNEY
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: TROY WAGNON

VICE PRESIDENT, TAX

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MCCAIN, JOHN W
Address 100 CITY SQUARE
City-State-Zip: BOSTON MA 02129