

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004396

FILED
May 03, 2016
Secretary of State
CC1012354823

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 T
Name WHELAN, LAWRENCE D. JR.
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 DIRECTOR
Name MCCAIN, JOHN W
Address 100 CITY SQUARE
City-State-Zip: BOSTON MA 02129

Title DIRECTOR AND CFO
Name CROXVILLE, DAVID
Address 100 CITY SQUARE
ATTN: TAX DEPT
City-State-Zip: BOSTON MA 02129

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

Title DIRECTOR AND PRESIDENT
Name RASMUSSEN, ROBB
Address 5601 GRANITE PARKWAY
SUITE 1000
City-State-Zip: PLANO TX 75024

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

Continues on page 2

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

ASSISTANT TREASURER 05/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSISTANT SECRETARY
Name LURIE, JENNIFER M
Address 2175 N CALIFORNIA BLVD
City-State-Zip: WALNUT CREEK CA 94596