

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004396

**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

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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

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