

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26688

Entity Name: NTT DATA, INC.

Current Principal Place of Business:

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

FILED
Apr 04, 2014
Secretary of State
CC2180047157

Current Mailing Address:

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

FEI Number: 04-2437166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Title T
Name WHELAN, LAWRENCE D
Address 100 CITY SQUARE
City-State-Zip: BOSTON MA 02129

Title EX VP, SECRETARY
Name DICK, JOHN M
Address 2175 N. CALIFORNIA BLVD.
City-State-Zip: WALNUT CREEK CA 94596-3579

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

Title AS
Name PEDERSEN, C. WHITNEY
Address 100 CITY SQUARE
City-State-Zip: BOSTON MA 02129

Title AT
Name GILL, CHUCK
Address 100 CITY SQUARE
City-State-Zip: BOSTON MA 02129

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

Title AS
Name LURIE, JENNIFER M
Address 2175 N. CALIFORNIA BLD.
City-State-Zip: WALNUT CREEK CA 94596-3579

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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: CHUCK GILL

AT

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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