

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26688

**Entity Name:** NTT DATA, INC.**Current Principal Place of Business:**100 CITY SQUARE  
BOSTON, MA 02129**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 DIRECTOR AND CEO

Name MCCAIN, JOHN W.

Address 100 CITY SQUARE

City-State-Zip: BOSTON MA 02129

Title DIRECTOR AND PRESIDENT

Name MOUCHAWAR, MARVIN LEE

Address 100 CITY SQUARE

City-State-Zip: BOSTON MA 02129

Title DIRECTOR, VP AND CFO

Name CROXVILLE, WILLIAM DAVID

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 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 ASSISTANT SECRETARY

Name KROPA, KATRINA

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

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