2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# F94000002738

Entity Name: NTT DATA LONG TERM CARE SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 91-0851994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: MOUCHAWAR, MARVIN L
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

Title: S
Name: DICK, JOHN M
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

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

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

Title: VCFO
Name: KAMINSKY, DAVID
Address: 100 CITY SQUARE
City-St-Zip: BOSTON, MA 02129

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: C. WHITNEY PEDERSEN AS 04/23/2012

Electronic Signature of Signing Officer or Director Date