

To: Page 3 of 8  
Division of Corporations

2016-12-16 05:37

1954 0008 From: Ranae McG

**H16000004053**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160003081603)))



H160003081603ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3339  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
U.S. SERVICES FL L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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2016 DEC 16 AM 10:41  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** U.S. SERVICES FL L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

company.compliance@nttdata.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: U.S. SERVICES FL L.L.C.
2. The Florida document number of this limited liability company is: M16000004053
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 05/20/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: NTT DATA Services, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Please see attached			
<u>Member</u>	<u>NTT DATA, Inc.</u>	<u>100 City Square, Boston, MA 02129</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>CCEO</u>	<u>Michael S. Bell</u>	<u>One Dell Way, Round Rock, TX 78682</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>CFO</u>	<u>Thomas W Sweet</u>	<u>One Dell Way, Round Rock, TX 78682</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>VPT</u>	<u>Tyler Wise Johnson, II</u>	<u>One Dell Way, Round Rock, TX 78682</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Maya G. McReynolds</u>	<u>One Dell Way, Round Rock, TX 78682</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Todd Svoboda*

Signature of the authorized representative

Todd Svoboda

Typed or printed name of signer

**Filing Fee: \$25.00**

**Officer Rider**

**Address for all officers is 2300 West Plano Parkway, Plano, TX 75075**

**John McCain – Chief Executive Officer  
William David Croxville – Chief Financial Officer  
Suresh Vaswani – President  
John M. Dick – Executive Vice President, General Counsel, Secretary  
Maureen Cushman – Senior Vice President, Legal Services and Assistant Secretary  
Lawrence Whelan – Treasurer  
Chuck Gill – Assistant Treasurer  
Jennifer Lurie – Assistant Secretary  
Katrina Kropa – Assistant Secretary  
Whit Pedersen – Assistant Secretary**

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FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "U.S. SERVICES  
L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"NTT DATA SERVICES, LLC" ON THE SECOND DAY OF NOVEMBER, A.D.  
2016, AT 4:43 O'CLOCK P.M.



6015239 8320  
SR# 20167077077

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203512425  
Date: 12-14-16