

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000025

Entity Name: NTT MANAGED SERVICES AMERICAS, LLC**Current Principal Place of Business:**4000 TOWN CENTER DRIVE
SUITE 200
SOUTHFIELD, MI 48075**Current Mailing Address:**4000 TOWN CENTER DRIVE
SUITE 200
SOUTHFIELD, MI 48075 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 150A
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**Authorized Person(s) Detail :**

Title	MEMBER
Name	MORIBAYASHI, MASAOKI
Address	4000 TOWN CENTER DRIVE SUITE 200
City-State-Zip:	SOUTHFIELD MI 48075

Title	MEMBER
Name	KURIHARA, HIDEKI
Address	4000 TOWN CENTER DRIVE SUITE 200
City-State-Zip:	SOUTHFIELD MI 48075

Title	MEMBER
Name	SKENDROVIC, DAMIAN
Address	4000 TOWN CENTER DRIVE SUITE 200
City-State-Zip:	SOUTHFIELD MI 48075

Title	MEMBER
Name	PADFIELD, BILL
Address	4000 TOWN CENTER DRIVE SUITE 200
City-State-Zip:	SOUTHFIELD MI 48075

Title	MANAGER
Name	NTT MANAGED SERVICES AMERICAS INTERMEDIATE HOLDINGS, INC.
Address	4000 TOWN CENTER DRIVE SUITE 200
City-State-Zip:	SOUTHFIELD MI 48075

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NTT MANAGED SERVICES AMERICAS
INTERMEDIATE HOLDINGS, INC.

MANAGER

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date