

**2013 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

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name MCCAIN, JOHN W  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

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

Title VS  
Name DICK, JOHN M  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON FL 02129

Title VCFO  
Name CROXVILLE, DAVID  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON FL 02129

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 ASST. SECRETARY  
Name LURIE, JENNIFER M  
Address 100 CITY SQUARE  
City-State-Zip: BOSTON MA 02129

**Continues on page 2**

*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: LAWRENCE D WHELAN

TREASURER

04/11/2013

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