

1.) CORPORATION NAME:

**NTT DATA, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **3/31/2012**

SCC ID NO: **F0584856**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
COMB	503,797
PREFER	2,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CITY SQ

CITY/ST/ZIP: BOSTON, MA 02129

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN W MCCAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 CITY SQUARE		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	TIMOTHY CONWAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	JOHN M DICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP, SEC, GC		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	AMIR DURRANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	TIMOTHY MORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP, CIO		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	ROBERT W GRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KAMINSKY EX VP AND CFO 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T MILDE EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN MILLER EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVIN LEE MOUCHAWAR EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABRIEL PARMESE SR VP, CONTR,AT 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISHNA PRABHU SR VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL THOMAS EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID VICE EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN WILLIAMS EX VP 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER M LURIE ASST SECRETARY 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C WHITNEY PEDERSON ASST SECRETARY 100 CITY SQ BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LAWRENCE D. WHELAN TITLE: TREASURER ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBB RASMUSSEN TITLE: EX VP ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KATRINA KROPA TITLE: ASST. SECRETARY ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ LAWRENCE D. WHELAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAWRENCE D. WHELAN, TREASURER PRINTED NAME AND CORPORATE TITLE	4/4/2012 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				