

1.) CORPORATION NAME:

NTT DATA, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0584856**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

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/CEO		
ADDRESS:	100 CITY SQUARE		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

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

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

NAME:	CHUCK GILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	LAWRENCE D. WHELAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME:	KATRINA KROPA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. SECRETARY		
ADDRESS:	100 CITY SQ		
CITY/ST/ZIP/CO:	BOSTON, MA 02129		

NAME: JENNIFER M LURIE TITLE: ASST SECRETARY ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: C WHITNEY PEDERSON TITLE: ASST SECRETARY ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KAZUHIRO NISHIHATA TITLE: DIRECTOR ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KOJI MIYAJIMA TITLE: DIRECTOR ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input type="checkbox"/> OFFICER <input checked="" 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	3/25/2013 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.		