

1.) CORPORATION NAME:

**NTT DATA, Inc.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0584856**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5601 GRANITE PARKWAY  
SUITE 1000

CITY/ST/ZIP: PLANO, TX 75024

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.

<p>NAME: JOHN W MCCAIN TITLE: PRESIDENT/CEO ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID CROXVILLE TITLE: EX VP/CFO ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M DICK TITLE: EX VP, SEC ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHUCK GILL TITLE: ASST TREASURER ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LAWRENCE D. WHELAN TITLE: TREASURER ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KATRINA KROPA TITLE: ASST. SECRETARY ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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 PEDERSEN TITLE: ASST SECRETARY ADDRESS: 100 CITY SQ CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER <input 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	
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	
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/ CHUCK GILL	CHUCK GILL, ASST TREASURER	3/30/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		