

1.) CORPORATION NAME:

**NTT DATA Federal Services, Inc.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1424565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8100 BOONE BLVD

CITY/ST/ZIP: VIENNA, VA 22182

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:	DAVID KAPUSTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	CATHERINE AROLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	ELMER MORMUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SecurityOfficer		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	JAMES E DEVLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	DR. LAWRENCE CAVALOLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	ADMIRAL THOMAS COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8100 BOONE BLVD		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER METZGER DIRECTOR 8100 BOONE BLVD VIENNA, VA 22182	<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/ CATHERINE AROLD	CATHERINE AROLD, TREASURER	11/21/2013	
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.			