

1.) CORPORATION NAME:

NTT DATA International Services, Inc.

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1842725**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CITY SQUARE

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.

<p>NAME: JOHN W MCCAIN TITLE: CEO/PRESIDENT ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES GILL TITLE: ASST TREASURER ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LAWRENCE D WHELAN, JR TITLE: TREASURER ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID CROXVILLE TITLE: EVP/CFO ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M DICK TITLE: SECRETARY ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JENNIFER M LURIE TITLE: ASST SECRETARY ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: C. WHITNEY PEDERSEN TITLE: ASST SECRETARY ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KOJI MIYAJIMA TITLE: DIRECTOR ADDRESS: 100 CITY SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02129	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KAZUHIRO NISHIHATA TITLE: DIRECTOR ADDRESS: 100 CITY SQUARE 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/ CHARLES GILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES GILL, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	11/23/2015 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.		