

1.) CORPORATION NAME:

NTT Communications Corporation

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN STREET**

SCC ID NO: **F1920943**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,400,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 757 THIRD AVE
14TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10017

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:	AKIRA ARIMA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1-6 UCHISAIWAI-CHO1		
CITY/ST/ZIP/CO:	JAPAN , , FN		

NAME:	JUN SAWADA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	JAPAN , , FN		

NAME:	TOSHIHARU HASEBE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		

NAME:	KOUICHI FURUKAWA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		

NAME:	RYUICHI HARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		

NAME:	TETSUYA FUNABASHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	KATSUMI NAKATA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	ATSUSHI ICHIHOSHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	MASAYOSHI HOSOKAWA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	TETSUYA SHOJI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	KIYOSHI MORI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	YUKIO ITO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	TORU MARUOKA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	KAZUHIKO ARAMOTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	KAZUHIRO GOMI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		
NAME:	KAZUHISA IGASAKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1-6 UCHISAIWAI CHO 1 CHOME		
CITY/ST/ZIP/CO:	, , JP		

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/ AKIRA ARIMA	AKIRA ARIMA, PRESIDENT	1/20/2014
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.		