

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 858071

**Entity Name:** NTT DATA FEDERAL SERVICES, INC.**Current Principal Place of Business:**8100 BOONE BOULEVARD  
VIENNA, VA 22182**Current Mailing Address:**8100 BOONE BOULEVARD  
VIENNA, VA 22182 US**FEI Number:** 52-0886546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR  
Name METZGER, PETER  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

Title DIRECTOR  
Name CAVAIOLA, LAWRENCE DR.  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

Title TREASURER  
Name AROLD, CATHERINE  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

Title DIRECTOR  
Name COLLINS, ADMIRAL THOMAS  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

Title DIRECTOR/PRESIDENT  
Name KAPUSTA, DAVID  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

Title SECRETARY  
Name DEVLIN, JAMES  
Address 8100 BOONE BOULEVARD  
City-State-Zip: VIENNA VA 22182

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHERINE AROLD**TREASURER****04/02/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date