

1.) CORPORATION NAME:

Pegasystems Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1431495**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	70,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 ROGERS STREET

CITY/ST/ZIP: CAMBRIDGE, MA 02142-1590

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:	CRAIG DYNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME:	ALAN TREFLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHM		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME:	JOSEPH FARMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME:	PETER GYENES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME:	RICHARD H JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME:	STEVEN KAPLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ROGERS STREET		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02142		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P O'HALLORAN DIRECTOR 1 ROGERS STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM WYMAN DIRECTOR 1 ROGERS STREET CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry Weber DIRECTOR 1 ROGERS STREET CAMBRIDGE, MA 02142	<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/ JOSEPH FARMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH FARMER, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/17/2012 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.			