

1.) CORPORATION NAME:

Pegasystems Inc.

DUE DATE: **7/31/2013**

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

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: Efstathios Kouninis TITLE: TREASURER ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALAN TREFLER TITLE: CEO/CHM ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Janet Mesrobian TITLE: SECRETARY ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER GYENES TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD H JONES TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN KAPLAN TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES P O'HALLORAN TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY WEBER TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM WYMAN TITLE: DIRECTOR ADDRESS: 1 ROGERS STREET CITY/ST/ZIP/CO: 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/ Janet Mesrobian SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Janet Mesrobian, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/6/2013 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.		