

1.) CORPORATION NAME:

CLARABRIDGE, INC.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1649252**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	19,000,000
PREFER	9,100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11400 COMMERCE PARK DR., STE 500

CITY/ST/ZIP: RESTON, VA 20191-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SID BANERJEE	
TITLE:	CHARIMAN/CEO	
ADDRESS:	11400 COMMERCE PARK DR., STE 500	
CITY/ST/ZIP/CO:	RESTON, VA 20191-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM WELCH	
TITLE:	CFO	
ADDRESS:	11400 COMMERCE PARK DR STE 500	
CITY/ST/ZIP/CO:	RESTON, VA 20191-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN GLUSHIK	
TITLE:	DIRECTOR	
ADDRESS:	406 BLACKWELL ST	
CITY/ST/ZIP/CO:	DURHAM, NC 27701-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN PERL	
TITLE:	DIRECTOR	
ADDRESS:	5425 WISCONSIN AVENUE STE 704	
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DON RAINEY	
TITLE:	DIRECTOR	
ADDRESS:	8000 TOWERS CRESCENT DR	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-	

NAME: SANJU BANSAL TITLE: DIRECTOR ADDRESS: 11400 COMMERCE PARK DR SUITE 500 CITY/ST/ZIP/CO: RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: DAVE BLUNDIN TITLE: DIRECTOR ADDRESS: 100 QUANNAPOWITT PKWY CITY/ST/ZIP/CO: WAKEFIELD, MA 01880-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: NITHI VIVATRAT TITLE: DIRECTOR ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 500 CITY/ST/ZIP/CO: RESTON, VA 20191-	<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.

<u>/s/ WILLIAM WELCH</u>	<u>WILLIAM WELCH, CFO</u>	<u>3/19/2012</u>
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.