ID Number: <u>266242</u> Filing Fee: \$75.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State **Corporations Division** 148 W. River Street Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

**APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY** 

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Pegasystems Inc.	2	<i>ന</i> നവ				
2.	It is incorporated under the laws of Massachusetts	T X X					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State Island on 10-10-2007 , authorizing it to transact business in Rhode Island under Pegasystems Inc.						
4.	The corporate name of the corporation has been changed to No Change.	5	ZH				
	(If no change, so indicate.)						
5.	The name, if different, which it elects to use in Rhode Island is:						
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be Application:						
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional p those set forth in its prior Application for a Certificate of Authority, as follows:	urpo	ses than				
	(If no other or additional purposes are proposed, insert "No Change.")						
	No Change.						
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Form No. 151 Revised: 12/05

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in	there has been an increase in cluding the increase (If there f Total Number of Authorized Shares 100,000,000			the total number of authorized shares, nge"):  Par Value or Statement that Shares are without Par Value  .01				
 8. (a	) An estimate of the value of a is \$_ <b>682,186,696</b>	all property to be owner	d by the corporation for	the following year, wherever located,				
(b	) An estimate of the value of the is \$0	he corporation's prope 	rty to be located within F	Rhode Island during the following year				
All estimate, expressed as a percentage, of the proportion that the estimated value of the property of corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is								
An estimate of the gross amount of business to be transacted by the corporation during the following year is \$\( \frac{477,005,833.00}{2} \)  An estimate of the gross amount of business to be transacted by the corporation at or from places of business Radde Island during the following year is \$\( \frac{4,713,541}{2} \)								
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted to the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is							
	10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.							
11. This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 <sup>th</sup> day after the date of this filing								
Date:	4/14/2015	ex in st:	camined this Application cluding any accompatements contained here.  Signature of Authors.	ry, I declare and affirm that I have n for Amended Certificate of Authority, anying attachments, and that all ein are true and correct.  Inorized Officer of the Corporation ary and General Counsel  Name of Authorized Officer				

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

