

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000901

**Entity Name:** CORNERSTONE ONDEMAND, INC.**Current Principal Place of Business:**1601 CLOVERFIELD BLVD.  
SUITE 620S  
SANTA MONICA, CA 90404**Current Mailing Address:**1601 CLOVERFIELD BLVD.  
SUITE 620S  
SANTA MONICA, CA 90404 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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 OSNOSS, JOE  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name CARTER, DEAN  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name SALEN, KRISTINA  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name PAYNE, JOSEPH  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name BAKER, MARK  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name CAVANAUGH, ROBERT  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name BURLINGAME, HAROLD W.  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR  
Name MILLER, ADAM  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

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*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: ADAM MILLER****PRESIDENT****04/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                MILLER, ADAM  
Address            1601 CLOVERFIELD BLVD.  
                      SUITE 620S  
City-State-Zip:    SANTA MONICA CA 90404

Title                DIRECTOR  
Name                TOMLINSON, STEFFAN  
Address            1601 CLOVERFIELD BLVD.  
                      SUITE 620S  
City-State-Zip:    SANTA MONICA CA 90404