

**2023 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: 13-4068197****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, CEO  
Name PALSULE, HIMANSHU  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

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

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

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

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

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

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

Title DIRECTOR  
Name MCCARTHY, CAROLYN  
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: COURSON, RYAN****CFO****02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name COURSON, RYAN  
Address 1601 CLOVERFIELD BLVD.  
SUITE 620S  
City-State-Zip: SANTA MONICA CA 90404

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