

2019 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****04/26/2019**

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 HADDRILL, RICHARD
Address 1601 CLOVERFIELD BLVD.,SUITE 620S
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR
Name STEELE, ELISA
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

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