

1.) CORPORATION NAME:

Cornerstone OnDemand, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1729385**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1601 CLOVERFIELD BLVD STE 620

CITY/ST/ZIP: SANTA MONICA, CA 90404

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.

<p>NAME: ADAM MILLER TITLE: PRES/DTR ADDRESS: 1601 CLOVERFIELD BLVD STE 620 CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PERRY WALLACK TITLE: SECRETARY ADDRESS: 1601 CLOVERFIELD BLVD STE 620 CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK BAKER TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620 CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HAROLD BURLINGAME TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620S CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BYRON DEETER TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620S CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JIM MCGEEVER TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620S CITY/ST/ZIP/CO: SANTA MONICA, CA 90404</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVEN SINGH TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620S CITY/ST/ZIP/CO: SANTA MONICA, CA 90404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOSEPH PAYNE TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620 CITY/ST/ZIP/CO: SANTA MONICA, CA 90404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

/s/ PERRY WALLACK	PERRY WALLACK, SECRETARY	11/25/2013
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.