

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213540742

1.) CORPORATION NAME:

Kenexa Compensation, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1907510**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 650 E. Swedesford Road

CITY/ST/ZIP: Wayne, PA 19087

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.

NAME: Debbie Landers OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 503 Brenda Crescent
 CITY/ST/ZIP/CO: Tecumseh, Ontari N8N 4P4, CA

NAME: Ann McHale OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 71 S. Wacker Drive
 20th Floor
 CITY/ST/ZIP/CO: Chicago, IL 60606

NAME: Nigel Beck OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 425 Market Street
 CITY/ST/ZIP/CO: San Francisco, CA 94105

NAME: Bruce Maggin OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: One North Castle Drive
 CITY/ST/ZIP/CO: Armonk, NY 10504

NAME: Lawrence Flint OFFICER DIRECTOR
 TITLE: ASST SECRETARY
 ADDRESS: 170 Tracer Lane
 CITY/ST/ZIP/CO: Waltham, MA 02451

NAME: Gregory C. Bomberger OFFICER DIRECTOR
 TITLE: ASST SECRETARY
 ADDRESS: 6283 FM 1152
 CITY/ST/ZIP/CO: Seymour, TX 76380

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|--|---|---|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Robert Del Bene TREASURER One New Orchard Road Armonk, NY 10504 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Pamela Beshoory ASST TREASURER One New Orchard Road Armonk, NY 10504 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Raeleen Medrano ASST TREASURER One New Orchard Road Armonk, NY 10504 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Jeffrey J. Doyle DIRECTOR One New Orchard Road Armonk, NY 10504 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Kevin J. Reardon DIRECTOR One New Orchard Road Armonk, NY 10504 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| 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/ Ann McHale SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | Ann McHale, SECRETARY PRINTED NAME AND CORPORATE TITLE | 8/29/2013 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. | | | |