

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213540749

1.) CORPORATION NAME:

**Kenexa Learning, 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: **F1908211**

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 RD  
2ND FLOOR

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  
 CITY/ST/ZIP/CO: 20th Floor  
 Chicago, IL 60606

NAME: Robert Del Bene  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: One New Orchard Road  
 CITY/ST/ZIP/CO: Armonk, NY 10504

NAME: Nigel Beck  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: One New Orchard Road  
 CITY/ST/ZIP/CO: Armonk, NY 10504

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 TITLE: ASST SECRETARY ADDRESS: 6283 FM 1152 CITY/ST/ZIP/CO: Seymour, TX 76380	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Pamela Beshoory TITLE: ASST TREASURER ADDRESS: One New Orchard Road CITY/ST/ZIP/CO: Armonk, NY 10504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Raeleen Medrano TITLE: ASST TREASURER ADDRESS: One New Orchard Road CITY/ST/ZIP/CO: Armonk, NY 10504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jeffrey J. Doyle TITLE: DIRECTOR ADDRESS: One New Orchard Road CITY/ST/ZIP/CO: Armonk, NY 10504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kevin J. Reardon TITLE: DIRECTOR ADDRESS: One New Orchard Road CITY/ST/ZIP/CO: 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.		