

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 JAN 10 AM 9:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F95000004590

1. Corporation Name

HYPERION SOLUTIONS CORPORATION

Principal Place of Business

Mailing Address

1344 CROSSMAN AVE SUNNYVALE CA 94089 US

900 LONG RIDGE RD STAMFORD CT 06902 US



REINSTATEMENT

2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

77-0277772

Applied For

Not Applicable

City & State

ATTN: DENA HALL 633 W. 5th St

Zip

Country

Zip

Country

90071

USA

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten 'PLEASE SEE ATTACHED' and 'LS'.

200003536792-001 -01/16/01--01022--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Form for New Registered Agent with fields for Name, Street Address, Suite, City, State, Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of Tara Cofer

TARA COFER Special Assistant Secretary

Date

12/19/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of signing officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-00 Date

(213)614-8451 Daytime Phone #

CR2E040 (8/00)

Hyperion Software Operations

Florida Foreign Corporation Application Attachment

Name and Address of Corporate Officers

Title	Name	Number & Street	City	State	Zip
Chief Executive Officer	Jeff Rodek	1344 Crossman Ave.	Sunnyvale	CA	94089
President, Chief Operating Officer	Stephen V. Imbler	1344 Crossman Ave.	Sunnyvale	CA	94089
Chief Financial Officer	David Odell	1344 Crossman Ave.	Sunnyvale	CA	94089
Vice President & Secretary	Larry J. Braverman	1344 Crossman Ave.	Sunnyvale	CA	94089
Vice President - Finance	David Weinberg	1344 Crossman Ave.	Sunnyvale	CA	94089

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