



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # F95000004590 1. Entity Name HYPERION SOLUTIONS CORPORATION	
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Principal Place of Business 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054 US	Mailing Address 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054 US
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0277772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SULLIVAN, GODFREY 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDBLOOM, CLAIRE M 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WASHINGTON, ROBIN 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTRY, HENRY 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COCHRAN, MARK 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODEK, JEFFREY 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054

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05/09/07-80050-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:  **4-13-07** **408-588-8060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #