FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34679** **(1)**

1. Corporation Name

HYPERION SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
777 LONG RIDGE RD STAMFORD CT 06902	777 LONG RIDGE RD STAMFORD CT 06902

2. Principal Place of Business 21 900 LONG RIDGE RD. Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 900 LONG RIDGE RD. Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified 07/08/1991	3a. Date of Last Report 02/24/1995
4. FEI Number 13-3360138	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of Registered Agent & Title, if applicable) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDE	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PERAKIS, JAMES A		1.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD.		1.3 STREET ADDRESS	900 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06092		1.4 CITY-ST-ZIP		
TITLE	EVP	☒ DELETE	2.1 TITLE	V/S	☐ Change ☒ Addition
NAME	ROGERS, TERENCE W		2.2 NAME	SCHIFF, CRAIG M.	
STREET ADDRESS	777 LONG RIDGE RD		2.3 STREET ADDRESS	900 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06092		2.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VPCO	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RICCIARDI, LUCY R		3.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD		3.3 STREET ADDRESS	900 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06092		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADINOLFI, JOHN G		4.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06092		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAPKIN, GORDON S		5.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STANFORD CT 06092		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SAMPLE, DAVID		6.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD		6.3 STREET ADDRESS	900 LONG RIDGE RD.	
CITY-ST-ZIP	STANFORD CT 06092		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-26-96 (203)703-3000

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

CR2E034 (12/95)