FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
HYPERION SOFTWARE OPERATIONS INC.

Principal Place of Business	Mailing Address
900 LONG RIDGE RD STAMFORD CT 06902 US	900 STAMFORD CT 06902 US

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 07/09/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDE	☐ DELETE	1.1 TITLE	CEO & Director	☒ Change ☐ Addition
NAME	PERAKIS, JAMES A		1.2 NAME		
STREET ADDRESS	900		1.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHIFF, CRAIG M		2.2 NAME		
STREET ADDRESS	900 LONG RIDGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP		
TITLE	VPCO	☐ DELETE	3.1 TITLE	Senior V.P. & CFO	☒ Change ☐ Addition
NAME	RICCIARDI, LUCY R		3.2 NAME		
STREET ADDRESS	900		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	President & COO	☐ Change ☒ Addition
NAME	ADINOLFI, JOHN G		4.2 NAME	Peter F. DiGiammarino	
STREET ADDRESS	777 LONG RIDGE RD		4.3 STREET ADDRESS	900 Long Ridge Rd	
CITY-ST-ZIP	STAMFORD CT 06092		4.4 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	V	☒ DELETE	5.1 TITLE	V.P. & Corporate Controller	☐ Change ☒ Addition
NAME	RAPKIN, GORDON S		5.2 NAME	Michael A. Manto	
STREET ADDRESS	777 LONG RIDGE RD		5.3 STREET ADDRESS	900 Long Ridge Rd	
CITY-ST-ZIP	STANFORD CT 06092		5.4 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAMPLE, DAVID		6.2 NAME		
STREET ADDRESS	777 LONG RIDGE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	STANFORD CT		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] TITLE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 Date (203)703-3000 Daytime Phone #