FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90242 047 ***150.00

DOCUMENT # P34679

1. Corporation Name

HYPERION SOFTWARE OPERATIONS INC.

Principal Place of Business Mailing Address							1		0.0	
900 LONG RIDGE RD 900										
STAMFORD CT	06902	· · · · · · · · · · · · · · · · · · ·	STAMFORD CT 06902				DO NOT WRITE	E IN THIS	SPACE	
US US				}			DO NOT WRITE IN THIS SPACE			
İ							3. Date Incorporated or Qualifed			i
							07/08/1991			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number) 	oplied For
21 26							13-3360138		 _	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.).				5. Certificate of Status Desired			Additional
22 27									ree Re	equired
City & Stat	City & State	City & State				6. Election Campaign Financing			May Be	
23		28	_				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Coun				8. This corporation owes the current year Intangible			
24	25 29 30						Personal Property Tax.		∐ Yes	□No
Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered /	gent	
					Name	9				
CT CORPORATION SYSTEM				82	Ctros	• Addros	ss (P.O. Box Number is Not Acceptab	Ja)		
1200 S. PINE ISLAND ROAD				02	Siree	a Audies	ss (F.O. Box Number is Not Acceptate	ne,		
PLA	NTATION FL 33324			83						
									1 -1	
				84	City			FI	85 Zip	Code
44 Burayant	to the provinces of Sections 607.05	502 and 607 1508 Florida 5	Statutes th	e abov	a-name	d corpor	ration submits this statement for the n	urnose of o	hanging its	s registered
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										egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida S	Statutes						
SIGNATURE								DATE		
	Signature, typed or printed name of registered at			ered Ager	nt signature	e required v	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	DDC IN 12
12.	,	ND DIRECTORS					ADDITIONS/CHANGES TO OFF	CLNS AN	Change	Addition
TITLE	CEOD	- 		1.1 TITLE					change	
NAME	PERAKIS, JAMES A			12 NAME						
STREET ADDRESS	•••		1.3 STREET ADDRESS		s					
CITY-ST-ZIP	STAMFORD CT			1.4 CITY-ST-ZIP						
TITLE	VS DELETE		TE 2	21 TITLE					Change	☐ Addition
NAME	SCHIFF, CRAIG M		2	2.2 NAME		ļ				
STREET ADDRESS	900 LONG RIDGE RD			2.3 STREET ADDRESS						1
CITY-ST-ZIP	STAMFORD CT			2.4 CITY-ST-ZIP						
TITLE			TE 3	3.1 TITLE					Change	Addition
NAME	7.11		3	32 NAME						
STREET ADDRESS	900			.3 STREET	ADDRES	s				İ
i .	STAMFORD CT					-				
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		+			☐ Change	Addition
ĺ	W 00			4. 2 NAME		İ				
NAME	MANTO, MICHAEL A.									
STREET ADDRESS				.3 STREET		5				\
CiTY-ST-ZIP	STANFORD CT			4 CITY-S	T-ZIP	┼			Chanas	- Addition
TITLE	See	☐ DELE	-	.1 TITLE					Change	☐ Addition
NAME.				.2 NAME		1				\
STREET ADDRESS	Attached.		5	3 STREET	ADDRES	s				
CITY-ST-ZIP				4 CITY-S	T-ZIP					
TITLE		☐ DEFE.	TE 6	3 TITLE					☐ Change	☐ Addition
1	l		ء ا	2 NAME		1				,

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

537929-90242-47 # 134629

Hyperion Software Operations Inc. 900 Long Ridge Road Stamford, CT 06902 FEIN: 13 - 3360138

State of Florida Attachment to 1999 Corporation Annual Report Corporation Document No. P34679

900 Long Ridge Road, Stamford, CT 06902 **Corporate Headquarters:**

CT Corp. System

AGT

Name Address City State Zip Code Title Sunnyvale CA 1344 Crossman Avenue 94089 Pres. John Dillon 94089 CFO Stephen Imbler 1344 Crossman Avenue Sunnyvale CA SEC Larry Braverman 1344 Crossman Avenue Sunnyvale CA 94089 \overline{CT} 06902 VP 900 Long Ridge Road Stamford Michael A. Manto 1201 Peachtree Street, NE

Atlanta

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