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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90242 048 ***150.00

DOCUMENT #	F95000004590
1. Corporation Name	

HYPERION SOLUTIONS CORPORATION

Principal Place	e of Business	Mailing Address					
1344 CROSSMA	AN AVE	1344 CROSSMAN AVE					
SUNNYVALE CA	A 94089	SUNNYVALE CA 94089		DO NOT WRITE IN THIS	SPACE		
US		US		3. Date Incorporated or Qualifed	- CI NOL		ļ
ì				09/21/1995			ĺ
O Driening D	lace of Business	2a. Mailing Address		4. FEI Number	I Ai	pplied For	
	lace of Business		6.4. 61	77-0277772	<u> </u>	ot Applicable	İ
Suite, Apt.	# ata	Suite, Apt. #, etc.	Aldge 13d			Additional	l
	#, &IC.	27		5. Certifcate of Status Desired	·	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	ļ
23		28 Stancore	77 4	Trust Fund Contribution		to Fees	İ
Zip	Country	Zip	Country	8. This corporation owes the current year In	angible		
24	25		30 V.S.	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current			10. Name and Address of New Registered	Agent		
			81 Name				
	CORPORATION SYSTEM		82 Street Add	ress (P.O. Box Number is Not Acceptable)			1
1200	SOUTH PINE ISLAND ROAD		02) Sileer Adu	iress (F.O. Box Hamber is Not ricoepiaste)			}
PLA	NTATION FL 33324		83				ļ
			24 00		85 Zip	Code	┨
			84 City	FL	. 65 Zip	Code	l
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of	changing its	registered	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	ithorized by the corporati	ion's board of directors. I hereby accept the appo	intment as re	gisterea	
i	in familial with, and accept the conga-	iions or, decilor our loods, rior	ida Otaldioo.			}	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE			<u>6</u>
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)
TITLE	PD	DELETE	1.1 TITLE		Change	☐ Addition	È
NAME	DORRIAN, JAMES A		1.2 NAME				8
STREET ADDRESS	1344 CROSSMAN AVE		1.3 STREET ADDRESS				100
CITY-ST-ZIP	SUNNYVALE CA 94089		1.4 CITY-ST-ZIP				1 5
TITLE	V	⊠ DELETE	2.1 TITLE		Change	Addition	0
NAME	CRUIKSHANK, KIRK A		2.2 NAME				
STREET ADDRESS	1344 CROSSMAN AVE		2.3 STREET ADDRESS			ļ	}
CITY-ST-ZIP	SUNNYVALE CA 94089		2. 4 CITY-ST-ZIP				1
TITLE	V	DELETE	3.1 TITLE		Change	☐ Addition	
NAME	DILLION, JOHN M		3.2 NAME			}	1
STREET ADDRESS	1344 CROSSMAN AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	SUNNYVALE CA 94089						
TITLE			3.4. CITY-ST-ZIP				1
	V	DELETE	3.4. CITY-ST-ZIP		Change	Addition	}
NAME	V IMBLER, STEPHEN V	∏ OELETE			Change	☐ Addition	
	V IMBLER, STEPHEN V 1344 CROSSMAN AVE	[¾- 0ELETE	4.1 TITLE		Change	☐ Addition	
STREET ADDRESS	1344 CROSSMAN AVE	0 ≸-0ELETE	4.1 TITLE 4. 2 NAME		☐ Change	☐ Addition	
	1344 CROSSMAN AVE SUNNYVALE CA 94089	N OELETE ☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change	Addition	
STREET ADDRESS	1344 CROSSMAN AVE SUNNYVALE CA 94089	,	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1344 CROSSMAN AVE SUNNYVALE CA 94089	,	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE				
STREET ADDRESS CITY-ST-ZIP TITLE	1344 CROSSMAN AVE SUNNYVALE CA 94089	,	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME				

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

537930-90342-48 # #95 00000 4590

≣:

Hyperion Solutions Corporation 900 Long Ridge Road Stamford, CT 06902

FEIN: 77 - 0277772

State of Florida Attachment to 1999 Corporation Annual Report Corporation Document No. F95000004590

Corporate Headquarters:

1344 Crossman Avenue, Sunnyvale, CA 94089

Mailing Address:

900 Long Ridge Road, Stamford, CT 06902

Title	Name	Address	City	State	Zip Code
Pres.	John Dillon	1344 Crossman Avenue	Sunnyvale	CA	94089
CFO	Stephen Imbler	1344 Crossman Avenue	Sunnyvale	CA	94089
SEC	Larry Braverman	1344 Crossman Avenue	Sunnyvale	CA	94089
VP	Michael A. Manto	900 Long Ridge Road	Stamford	CT	06902
AGT	CT Corp. System	1201 Peachtree Street, NE	Atlanta	GA	30361