

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004590

1. Corporation Name

HYPERION SOLUTIONS CORPORATION

Principal Place of Business

Mailing Address

1344 CROSSMAN AVE
SUNNYVALE CA 94089
US

900 LONG RIDGE RD
STAMFORD CT 06902
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

C/O ARTHUR ANDERSEN

Suite, Apt. #, etc.

ATTN: DENA HALL 633 W. 5th St

City & State

LOS ANGELES, CA

Zip

90071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1995

5. FEI Number

77-0277772

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
	PLEASE SEE ATTACHED		

200003536792-001
-01/16/01--01022--001
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tara Cofer

TARA COFER
Special Assistant Secretary

Date

12/19/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Harry B. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-00
Date

(213)614-8451
Daytime Phone #

FILED

01 JAN 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)

Hyperion Software Operations

Florida Foreign Corporation Application Attachment

Name and Address of Corporate Officers

Title	Name	Number & Street	City	State	Zip
Chief Executive Officer	Jeff Rodek	1344 Crossman Ave.	Sunnyvale	CA	94089
President, Chief Operating Officer	Stephen V. Imbler	1344 Crossman Ave.	Sunnyvale	CA	94089
Chief Financial Officer	David Odell	1344 Crossman Ave.	Sunnyvale	CA	94089
Vice President & Secretary	Larry J. Braverman	1344 Crossman Ave.	Sunnyvale	CA	94089
Vice President - Finance	David Weinberg	1344 Crossman Ave.	Sunnyvale	CA	94089

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