



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90012 015 ***150.00

DOCUMENT # F95000004590 1. Entity Name HYPERION SOLUTIONS CORPORATION					
Principal Place of Business 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054 US			Mailing Address 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0277772	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYS 1200 SOUTH PINE ISLAND PLANTATION, FL 3332				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity su statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SULLIVAN, GODFREY 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDBLOOM, CLAIRE M 5450 GREAT AMERICA PKWY SANTA CLARA, CA 95054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ODELL, DAVID 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Robin Washington 5450 Great America Parkway Santa Clara, CA 95054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTRY, HENRY 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WAYMAN, RUSSELL W 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Mark Cochran 5450 Great American Parkway Santa Clara, CA 95054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTRY, HENRY 5450 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey Rodek 5450 Great America Parkway Santa Clara, CA 95054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ Mark Cochran			1/17/06 (408) 588-8060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 60005983
#F95000004590

FLORIDA 2006 ANNUAL REPORT FOR HYPERION SOLUTIONS CORPORATION
DOCUMENT #F95000004590:

ADDITIONS TO QUESTION 10. OFFICERS AND DIRECTORS:

Title Name Street Address City-St-Zip	D Terry Carlitz 5450 Great America Parkway Santa Clara, CA 95054
Title Name Street Address City-St-Zip	D Yorgen Edholm 5450 Great America Parkway Santa Clara, CA 95054
Title Name Street Address City-St-Zip	D Gary Greenfield 5450 Great America Parkway Santa Clara, CA 95054
Title Name Street Address City-St-Zip	D John Riccitiello 5450 Great America Parkway Santa Clara, CA 95054