

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F93000003348 (0)**

1. Corporation Name  
**METRIC ASSIGNOR, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1 CALIFORNIA ST.<br>SUITE 1400<br>SAN FRANCISCO CA 94111-5415<br>US | Mailing Address<br>1 CALIFORNIA ST.<br>SUITE 1400<br>SAN FRANCISCO CA 94111-5415<br>US |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/21/1993</b>  | 3a. Date of Last Report<br><b>04/09/1996</b> |
| 4. FEI Number<br><b>94-2944312</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |   |                          |                          |
|---|---|--------------------------|--------------------------|
| 2. Principal Place of Business<br>21 <b>One North Broadway,</b><br>Suite, Apt. #, etc.<br>22 <b>Suite 500</b><br>City & State<br>23 <b>White Plains, NY</b><br>Zip<br>24 <b>10601</b> | 2a. Mailing Address<br>26 <b>One North Broadway</b><br>Suite, Apt. #, etc.<br>27 <b>Suite 500</b><br>City & State<br>28 <b>White Plains, NY</b><br>Zip<br>29 <b>10601</b> | Country<br>25 <b>USA</b> | Country<br>30 <b>USA</b> |
|---|---|--------------------------|--------------------------|

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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

|                |  |
|----------------|--|
| TITLE          | <b>DPC</b> <input type="checkbox"/> DELETE             |
| NAME           | <b>FIDDAMAN, ROBERT A</b>                              |
| STREET ADDRESS | <b>1 CALIFORNIA ST. SUITE 1400</b>                     |
| CITY-ST-ZIP    | <b>SAN FRANCISCO CA</b>                                |
| TITLE          | <b>EVSG</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>HOWERTON, HERMAN H</b>                              |
| STREET ADDRESS | <b>1 CALIFORNIA ST. SUITE 1400</b>                     |
| CITY-ST-ZIP    | <b>SAN FRANCISCO CA</b>                                |
| TITLE          | <b>EVCF</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GIUSTI, MARGOT M</b>                                |
| STREET ADDRESS | <b>1 CALIFORNIA ST. SUITE 1400</b>                     |
| CITY-ST-ZIP    | <b>SAN FRANCISCO CA</b>                                |
| TITLE          | <b>EV</b> <input checked="" type="checkbox"/> DELETE   |
| NAME           | <b>HOFFMANN, MICHAEL J.</b>                            |
| STREET ADDRESS | <b>1 CALIFORNIA ST. SUITE 1400</b>                     |
| CITY-ST-ZIP    | <b>SAN FRANCISCO CA</b>                                |
| TITLE          | <input type="checkbox"/> DELETE                        |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                        |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <b>VPSGC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| 3.2 NAME           | <b>DCCFOT</b>   |
| 3.3 STREET ADDRESS | <b>Finelli, William A.</b>  |
| 3.4 CITY-ST-ZIP    | <b>One North Broadway, Suite 500</b><br><b>White Plains, NY 10601</b>                     |
| 4.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 4.2 NAME           | <b>Lydon, Thomas P., Jr.</b>  |
| 4.3 STREET ADDRESS | <b>One North Broadway, Suite 500</b>  |
| 4.4 CITY-ST-ZIP    | <b>White Plains, NY 10601</b>   |
| 5.1 TITLE          | <b>DPCEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Ronald E. Zuzack</b>   |
| 5.3 STREET ADDRESS | <b>1 California St., Suite 1400</b>   |
| 5.4 CITY-ST-ZIP    | <b>San Francisco, CA 94111</b>  |
| 6.1 TITLE          | <b>ASAVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Karen K. Chapro</b>  |
| 6.3 STREET ADDRESS | <b>One Broadway, Suite 500</b>  |
| 6.4 CITY-ST-ZIP    | <b>White Plains, NY 10601</b>   |

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: \_\_\_\_\_ DATE: **4/28/97** PHONE: **415/678-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **General Counsel & Secretary** Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)