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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000986 (1)
1. Corporation Name
METRIC REALTY SERVICES, INC.



Principal Place of Business: **1 CALIFORNIA ST STE 1400 SAN FRANCISCO CA 94111 US**

Mailing Address: **1 CALIFORNIA ST STE 1400 SAN FRANCISCO CA 94111-5415 US**

3. Date Incorporated or Qualified: **12/15/1992**

3a. Date of Last Report: **04/10/1996**

4. FEI Number: **94-3168410**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

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

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

83

84 City

85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	EVSO	<input type="checkbox"/> DELETE
NAME	HOWERTON, HERMAN H.	
STREET ADDRESS	1 CALIFORNIA ST STE 1400	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	DCPC	<input type="checkbox"/> DELETE
NAME	FIDDAMAN, ROBERT A	
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	DEV	<input type="checkbox"/> DELETE
NAME	ZUZACK, RONALD E	
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFREY J.	
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	EVCF	<input type="checkbox"/> DELETE
NAME	GIUSTI, MARGOT M	
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPGCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DPCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DCCFOT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FINELLI, WILLIAM A.	
4.3 STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500	
4.4 CITY - ST - ZIP	WHITE PLAINS, NY 10601	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LYDON, THOMAS P., Jr.	
5.3 STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500	
5.4 CITY - ST - ZIP	WHITE PLAINS, NY 10601	
6.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BAWDEN, LAMONT	
6.3 STREET ADDRESS	8700 EAST VIA DE VENTURA, SUITE 215	
6.4 CITY - ST - ZIP	SCOTTSDALE, AZ 85258	

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: _____ **4/28/97** **(415) 678-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)