

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000986 (1)
 1. Corporation Name
METRIC PROPERTY MANAGEMENT, 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 94-3168410	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
				FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPGC	NAME HOWERTON, HERMAN H.	1.1 TITLE VGCS	1.2 NAME THOMAS P. LYDON, JR.
STREET ADDRESS 1 CALIFORNIA ST STE 1400	CITY-ST-ZIP SAN FRANCISCO CA	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP ONE NORTH BROADWAY, SUITE 500
TITLE D	NAME FIDDAMAN, ROBERT A	2.1 TITLE C	2.2 NAME WHITE PLAINS, NY 10601
STREET ADDRESS 1 CALIFORNIA ST, STE 1400	CITY-ST-ZIP SAN FRANCISCO CA	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE DPCE	NAME ZUZACK, RONALD E	3.1 TITLE	3.2 NAME
STREET ADDRESS 1 CALIFORNIA ST, STE 1400	CITY-ST-ZIP SAN FRANCISCO CA	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE SV	NAME MORRIS, JEFFREY J.	4.1 TITLE V	4.2 NAME
STREET ADDRESS 1 CALIFORNIA ST, STE 1400	CITY-ST-ZIP SAN FRANCISCO CA	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE EVCF	NAME GIUSTI, MARGOT M	5.1 TITLE DCFT	5.2 NAME WILLIAM A. FINELLI
STREET ADDRESS 1 CALIFORNIA ST, STE 1400	CITY-ST-ZIP SAN FRANCISCO CA	5.3 STREET ADDRESS ONE NORTH BROADWAY, SUITE 500	5.4 CITY-ST-ZIP WHITE PLAINS, NY 10601
TITLE AVP	NAME BAWDEN, LAMONT	6.1 TITLE	6.2 NAME
STREET ADDRESS 8700 E VIA DE VENTURA #215	CITY-ST-ZIP SCOTTSDALE AZ	6.3 STREET ADDRESS	6.4 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.

SIGNATURE: H. Howerton (HERMAN H. HOWERTON 1/16/98 415/678-2000)

CR2E034 (10/97)