

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90017 041 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F92000000986**

1. Corporation Name
METRIC PROPERTY MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/15/1992

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
94-3168410

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23

City & State
 28

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

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | VGCS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWERTON, HERMAN H. | 1.2 NAME | |
| STREET ADDRESS | 1 CALIFORNIA ST STE 1400 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 1.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYDON JR, THOMAS P | 2.2 NAME | |
| STREET ADDRESS | ONE NORTH BROADWAY, SUITE 500 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WHITE PLAINS NY 10601 | 2.4 CITY-ST-ZIP | |
| TITLE | DPCE <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUZACK, RONALD E | 3.2 NAME | |
| STREET ADDRESS | 1 CALIFORNIA ST, STE 1400 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRIS, JEFFREY J. | 4.2 NAME | |
| STREET ADDRESS | 1 CALIFORNIA ST, STE 1400 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | 4.4 CITY-ST-ZIP | |
| TITLE | DCFT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINELLI, WILLIAM A | 5.2 NAME | |
| STREET ADDRESS | ONE NORTH BROADWAY, SUITE 500 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WHITE PLAINS FL 10601 | 5.4 CITY-ST-ZIP | |
| TITLE | AVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAWDEN, LAMONT | 6.2 NAME | |
| STREET ADDRESS | 8700 E VIA DE VENTURA #215 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCOTTSDALE AZ | 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: Herman H. Howerton **SIGNATURE REQUIRED** Herman H. Howerton Date 7/1/99 (415) 678-2000

CR2E034 (5/99)

597749-90017-41
F92000000 986



July 23, 1999

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Metric Management, Inc. and Metric Property Management, Inc.

To Whom It May Concern:

Enclosed please find original manually executed Annual Reports for the above referenced corporations.

Also included are two checks for \$550 each to cover the annual fee plus penalty.

If there are any questions regarding this filing, please feel free to contact me directly at (415) 678-2138.

Regards,

A handwritten signature in cursive script that reads 'Valerie Solar'.

Valerie Solar
Legal Assistant

encls.