

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000986

1. Entity Name

METRIC PROPERTY MANAGEMENT, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90093 011 ***150.00

Principal Place of Business	Mailing Address
1 CALIFORNIA ST STE 1400 SAN FRANCISCO CA 94111 US	1 CALIFORNIA ST STE 1400 SAN FRANCISCO CA 94111-5415 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	94-3168410	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VGCS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWERTON, HERMAN H.	NAME	
STREET ADDRESS	1 CALIFORNIA ST STE 1400	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	Chairman, President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDON JR, THOMAS P	NAME	
STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10601	CITY-ST-ZIP	
TITLE	DPCE <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUZACK, RONALD E	NAME	
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Vice President & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JEFFREY J.	NAME	Theodore P. Koros
STREET ADDRESS	1 CALIFORNIA ST, STE 1400	STREET ADDRESS	One California St., #1400
CITY-ST-ZIP	SAN FRANCISCO CA	CITY-ST-ZIP	San Francisco, CA 94111
TITLE	DCFT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, WILLIAM A	NAME	
STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS FL 10601	CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAWDEN, LAMONT	NAME	
STREET ADDRESS	8700 E VIA DE VENTURA #215	STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herman H. Howerton Herman H. Howerton, VP, General Counsel & Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #