

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90093 011 \*\*\*150.00

**DOCUMENT # F92000000986**

1. Entity Name

**METRIC PROPERTY MANAGEMENT, INC.**

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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-3168410**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VGCS**  Delete  
 NAME: **HOWERTON, HERMAN H.**  
 STREET ADDRESS: **1 CALIFORNIA ST STE 1400**  
 CITY-ST-ZIP: **SAN FRANCISCO CA**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **C**  Delete  
 NAME: **LYDON JR, THOMAS P**  
 STREET ADDRESS: **ONE NORTH BROADWAY, SUITE 500**  
 CITY-ST-ZIP: **WHITE PLAINS NY 10601**

TITLE: **Chairman, President & CEO**  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **DPCE**  Delete  
 NAME: **ZUZACK, RONALD E**  
 STREET ADDRESS: **1 CALIFORNIA ST, STE 1400**  
 CITY-ST-ZIP: **SAN FRANCISCO CA**

TITLE: **Director**  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **V**  Delete  
 NAME: **MORRIS, JEFFREY J.**  
 STREET ADDRESS: **1 CALIFORNIA ST, STE 1400**  
 CITY-ST-ZIP: **SAN FRANCISCO CA**

TITLE: **Vice President & COO**  Change  Addition  
 NAME: **Theodore P. Koros**  
 STREET ADDRESS: **One California St., #1400**  
 CITY-ST-ZIP: **San Francisco, CA 94111**

TITLE: **DCFT**  Delete  
 NAME: **FINELLI, WILLIAM A**  
 STREET ADDRESS: **ONE NORTH BROADWAY, SUITE 500**  
 CITY-ST-ZIP: **WHITE PLAINS FL 10601**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **AVP**  Delete  
 NAME: **BAWDEN, LAMONT**  
 STREET ADDRESS: **8700 E VIA DE VENTURA #215**  
 CITY-ST-ZIP: **SCOTTSDALE AZ**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 #