


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F92000000986 1. Entity Name METRIC PROPERTY MANAGEMENT, INC.	
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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

FILED
04 FEB -6 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3168410	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS HOWERTON, HERMAN H. 1 CALIFORNIA ST STE 1400 SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO ALLEN, JEFFREY B 1 CALIFORNIA ST, STE 1400 SAN FRANCISCO, CA 941115415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FINELLI, WILLIAM A ONE NORTH BROADWAY, SUITE 500 WHITE PLAINS, FL 10601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900029948059
03/05/04--01028--030 **158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herman H. Howerton **Herman H. Howerton, Secretary** 1/13/04 415-678-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #