2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F92000000986

1. Entity Name

METRIC PROPERTY MANAGEMENT, INC.



Principal Place of Business

1 CALIFORNIA ST

STE 1400

SAN FRANCISCO, CA 94111

Mailing Address

1 CALIFORNIA ST

STE 1400

SAN FRANCISCO, CA 94111

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FILED

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LECKET ARY UN FLORIDA
TALLAHASSEE, FLORIDA



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 94-3168410

Applied For Not Applicable

5. Certificate of Status Desired

\$8

\$8.75 Additional Fee Required

415-678-2138

Daytime Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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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 Signature. Nyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			oing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS HOWERTON, HERMAN H. 1 CALIFORNIA ST STE 1400 SAN FRANCISCO, CA	•		<u>.</u> 5	00029948059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO ALLEN, JEFFREY B 1 CALIFORNIA ST, STE 1400 SAN FRANCISCO, CA 941115415			03/0	5/0401028030 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FINELLI, WILLIAM A ONE NORTH BROADWAY, SUITE 50 WHITE PLAINS, FL 10601	0		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR