

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29 1998 8:00am  
Secretary of State

DOCUMENT # F93000003348 (0)

1. Corporation Name

METRIC ASSIGNOR, INC.

Principal Place of Business

Mailing Address

1 CALIFORNIA STREET  
SUITE 1400  
SAN FRANCISCO CA 94111-5415  
US

1 CALIFORNIA STREET  
SUITE 1400  
SAN FRANCISCO CA 94111-5415  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/21/93

4. FEI Number

94-2944312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC  
NAME FIDDAMAN, ROBERT A.  
STREET ADDRESS ONE CALIFORNIA ST, STE 1400  
CITY-STATE-ZIP SE, CA 94111 ☒ DELETE

TITLE VGCS  
NAME HOWERTON, HERMAN H.  
STREET ADDRESS ONE CALIFORNIA ST, STE 1400  
CITY-STATE-ZIP SAN FRANCISCO, CA 94111 ☐ DELETE

TITLE DCCFOT  
NAME FINELLI, WILLIAM A.  
STREET ADDRESS ONE NORTH BROADWAY STE 500  
CITY-STATE-ZIP WHITE PLAINS, NY 10601 ☐ DELETE

TITLE DPCEO  
NAME ZUZACK, RONALD E.  
STREET ADDRESS ONE CALIFORNIA ST, STE 1400  
CITY-STATE-ZIP SAN FRANCISCO, CA 94111 ☐ DELETE

TITLE AVPCAS  
NAME CHAPRO, KAREN K.  
STREET ADDRESS ONE NORTH BROADWAY, STE 500  
CITY-STATE-ZIP WHITE PLAINS, NY 10601 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME LYDON, THOMAS P., JR.  
1.3 STREET ADDRESS ONE NORTH BROADWAY STE 500  
1.4 CITY-STATE-ZIP WHITE PLAINS, NY 10601 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE CCFOT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE DPCEO ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN H. HOWERTON  
VP, GC & SEC.

4/23/98

(415) 678-2000

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