

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**  
  
95 APR 17 AM 4:15  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003349 (8)

1. Corporation Name:

Metric Realty Corp.

400001459044  
-04/18/95-01073-018  
\*\*\*200.00 \*\*\*200.00

Principal Place of Business	Mailing Address
950 Tower Lane Foster City, CA 94404	950 Tower Lane Foster City, CA 94404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/93	3a. Date of Last Report 02/10/94
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	1 California Street	26	1 California Street	13-3587428		Not Applicable	
Suite, Apt #, etc. 22 Suite 1400		Suite, Apt #, etc. 27 Suite 1400		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 San Francisco, CA		City & State 28 San Francisco, CA		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24 94111-5415		Country 25 USA		Zip 29 94111-5415		Country 30 USA	

8. This corporation has liability for intangible tax under S. 199 D32, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 must be printed name of registered agent and the applicable NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph F. Verni	1.2 NAME	
STREET ADDRESS	One Financial Center, 38th Floor	1.3 STREET ADDRESS	One Financial Center, 31st Floor
CITY, ST, ZIP	Boston, MA 02111	1.4 CITY, ST, ZIP	
TITLE	D/P	2.1 TITLE	D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Fiddaman	2.2 NAME	
STREET ADDRESS	950 Tower Lane	2.3 STREET ADDRESS	1 California Street, Suite 1400
CITY, ST, ZIP	Foster City, CA 94404	2.4 CITY, ST, ZIP	San Francisco, CA 94111
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerard P. Maus	3.2 NAME	
STREET ADDRESS	One Financial Center, 30th Floor	3.3 STREET ADDRESS	
CITY, ST, ZIP	Boston, MA 02111	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	EV/GC/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman H. Howerton	4.2 NAME	
STREET ADDRESS	950 Tower Lane	4.3 STREET ADDRESS	1 California Street, Suite 1400
CITY, ST, ZIP	Foster City, CA 94404	4.4 CITY, ST, ZIP	San Francisco, CA 94111
TITLE	T	5.1 TITLE	EV/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margot M. Giusti	5.2 NAME	
STREET ADDRESS	950 Tower Lane	5.3 STREET ADDRESS	1 California Street, Suite 1400
CITY, ST, ZIP	Foster City, CA 94404	5.4 CITY, ST, ZIP	San Francisco, CA 94111
TITLE		6.1 TITLE	EV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael J. Hoffmann
STREET ADDRESS		6.3 STREET ADDRESS	1 California Street, Suite 1400
CITY, ST, ZIP		6.4 CITY, ST, ZIP	San Francisco, CA 94111

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: Herman H. Howerton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Herman H. Howerton  
 DATE: 4/5/95  
 TELEPHONE: 415/678-2000