

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001832**
1. Corporation Name
METRIC APARTMENT CO-INVESTMENT TRUST, INC.

Principal Place of Business
**1 CALIFORNIA STREET
1400
SAN FRANCISCO CA 94111-5415
US**

Mailing Address
**1 CALIFORNIA STREET
1400
SAN FRANCISCO CA 94111-5415
US**

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90019 015 ***550.00

0045/U - 90019 - 15



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

94-3194861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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	C	<input type="checkbox"/> DELETE
NAME	THOMAS P LYDON JR	
STREET ADDRESS	ONE N BROADWAY #500	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	DPCE	<input type="checkbox"/> DELETE
NAME	ZUZACK, RONALD E	
STREET ADDRESS	1 CALIFORNIA STREET, SUITE 1400	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VGCS	<input type="checkbox"/> DELETE
NAME	HOWERTON, HERMAN H	
STREET ADDRESS	1 CALIFORNIA STREET, SUITE 1400	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VCFT	<input type="checkbox"/> DELETE
NAME	FINELLI, WILLIAM A	
STREET ADDRESS	ONE NORTH BROADWAY #500	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NATALE, JOSEPH P	
STREET ADDRESS	2800 UNIVERSITY BOULEVARD, #182	
CITY-ST-ZIP	DENVER CO 80210	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	TULLY, PATRICK J	
STREET ADDRESS	ONE NORTH BROADWAY #500	
CITY-ST-ZIP	WHITE PLAINS NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ralph V. Marra
6.3 STREET ADDRESS	One N. Broadway, Suite 500
6.4 CITY-ST-ZIP	White Plains, NY 10601

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:

Herman H. Howerton

7/1/99

(415) 678-2000

CR2E034 (5/99)