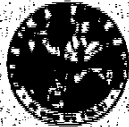


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P21512 (9)**

1. Corporation Name

**METRIC MANAGEMENT, INC.**

**APPROVED  
AND  
FILED**

**95 APR 19 PM 4:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**950 TOWER LANE  
FOSTER CITY CA 94404**

Mailing Address

**950 TOWER LANE  
FOSTER CITY CA 94404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/27/1988**

3a. Date of Last Report

**04/20/1994**

4. FEI Number

**94-3058943**

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**

9. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21 1 California Street**

2a. Mailing Address

**26 1 California Street**

Suite, Apt. #, etc.

**22 Suite 1400**

Suite, Apt. #, etc.

**27 Suite 1400**

City & State

**23 San Francisco, CA**

City & State

**28 San Francisco, CA**

Zip Country  
**24 94111-5415 25 USA**

Zip Country  
**29 94111-5415 30 USA**

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 date if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>DEVS</b>               |
| NAME            | <b>HOWERTON, HERMAN H</b> |
| STREET ADDRESS  | <b>950 TOWER LANE</b>     |
| CITY - ST - ZIP | <b>FOSTER CITY CA</b>     |
| TITLE           | <b>SV</b>                 |
| NAME            | <b>MORRIS, JEFFREY J</b>  |
| STREET ADDRESS  | <b>950 TOWER LANE</b>     |
| CITY - ST - ZIP | <b>FOSTER CITY CA</b>     |
| TITLE           | <b>PD</b>                 |
| NAME            | <b>ZUZACK, RONALD E</b>   |
| STREET ADDRESS  | <b>950 TOWER LANE</b>     |
| CITY - ST - ZIP | <b>FOSTER CITY CA</b>     |
| TITLE           | <b>D</b>                  |
| NAME            | <b>DEVINE, DONALD K.</b>  |
| STREET ADDRESS  | <b>2021 SPRING ROAD</b>   |
| CITY - ST - ZIP | <b>OAK BROOK IL</b>       |
| TITLE           | <b>RV</b>                 |
| NAME            | <b>BAWDEN, LAMONT W.</b>  |
| STREET ADDRESS  | <b>950 TOWER LANE</b>     |
| CITY - ST - ZIP | <b>FOSTER CITY CA</b>     |
| TITLE           | <b>V</b>                  |
| NAME            | <b>JABER, JOYCE S.</b>    |
| STREET ADDRESS  | <b>950 TOWER LANE</b>     |
| CITY - ST - ZIP | <b>FOSTER CITY CA</b>     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                            |                                                                              |
|---------------------|--------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>D/DEV/GC/S</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                            |                                                                              |
| 1.3 STREET ADDRESS  | <b>1 California Street, Suite 1400</b>     |                                                                              |
| 1.4 CITY - ST - ZIP | <b>San Francisco, CA 94111</b>             |                                                                              |
| 2.1 TITLE           |                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                            |                                                                              |
| 2.3 STREET ADDRESS  | <b>1 California Street, Suite 1400</b>     |                                                                              |
| 2.4 CITY - ST - ZIP | <b>San Francisco, CA 94111</b>             |                                                                              |
| 3.1 TITLE           | <b>D/P/CEO</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                            |                                                                              |
| 3.3 STREET ADDRESS  | <b>1 California Street, Suite 1400</b>     |                                                                              |
| 3.4 CITY - ST - ZIP | <b>San Francisco, CA 94111</b>             |                                                                              |
| 4.1 TITLE           | <b>Delete</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | <b>Delete</b>                              |                                                                              |
| 4.3 STREET ADDRESS  | <b>Delete</b>                              |                                                                              |
| 4.4 CITY - ST - ZIP | <b>Delete</b>                              |                                                                              |
| 5.1 TITLE           |                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                            |                                                                              |
| 5.3 STREET ADDRESS  | <b>8700 East Via De Ventura, Suite 170</b> |                                                                              |
| 5.4 CITY - ST - ZIP | <b>Scottsdale, AZ 85258</b>                |                                                                              |
| 6.1 TITLE           | <b>Delete</b>                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | <b>Delete</b>                              |                                                                              |
| 6.3 STREET ADDRESS  | <b>Delete</b>                              |                                                                              |
| 6.4 CITY - ST - ZIP | <b>Delete</b>                              |                                                                              |

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)(k), 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 OFFICER OR DIRECTOR

**Herman H. Howerton**

Date

**4/5/95**

Daytime / Home #

**415/678-2138**

021512

Attachment to the 1995 Corporation Annual Report for Metric Management, Inc.

12. List of Officers and Directors (cont'd.)

EV/T

Margot M. Giusti  
1 California Street, Suite 1400  
San Francisco, CA 94111

SV

Minton J. Newell  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Carroll H. Archibald  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Julie A. Black  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Richard A. Faber  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Kenneth J. Geist  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Cynthia A. Halicky  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Margaret Johnson  
1 California Street, Suite 1400  
San Francisco, CA 94111

V

Astrid A. Mashburn  
1 California Street, Suite 1400  
San Francisco, CA 94111

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Management, Inc.  
Page 2

V  
Lorenz S. Menrath  
1 California Street, Suite 1400  
San Francisco, CA 94111

V  
Joyce D. Peterson  
1 California Street, Suite 1400  
San Francisco, CA 94111

V  
David H. Schoch  
1 California Street, Suite 1400  
San Francisco, CA 94111

V  
Curtis W. Watts  
1 California Street, Suite 1400  
San Francisco, CA 94111

RV  
Lamont W. Bawden  
8700 East Via De Ventura, Suite 170  
Scottsdale, AZ 85258

RV  
Timothy H. Brock  
400 Interstate North Parkway, Suite 1090  
Atlanta, GA 30339

RV  
Dean A. Clark  
1 California Street, Suite 1400  
San Francisco, CA 94111

RV  
Ricki W. White  
13747 Montfort Drive, Suite 205  
Dallas, TX 75240

AV  
Robert L. Murray  
800 Bellevue Way, N.E., Suite 400  
Bellevue, WA 98004

AV  
Betsy P. McDargh  
115 112th Avenue North  
St. Petersburg, FL 33716

**Attachment to the 1995 Corporation Annual Report for Metric  
Management, Inc.  
Page 3**

**AV**

**Melody B. Poetzsch  
810 Tyvola Road, Suite 114  
Charlotte, NC 28217**

**D**

**Gerard P. Maus  
One Financial Center, 30th Floor  
Boston, MA 02111**