

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

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May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P21512** (9)  
1. Corporation Name  
**METRIC MANAGEMENT, INC.**



Principal Place of Business <b>1 CALIFORNIA STREET STE 1400 SAN FRANCISCO CA 94111-5415 US</b>	Mailing Address <b>1 CALIFORNIA STREET STE 1400 SAN FRANCISCO CA 94111-5415 US</b>
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3. Date Incorporated or Qualified <b>10/27/1988</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>94-3059943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DEVS	1.1 TITLE	DVPGCS
NAME	HOWERTON, HERMAN H.	1.2 NAME	
STREET ADDRESS	1 CALIFORNIA ST., STE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	VP
NAME	MORRIS, JEFFREY J	2.2 NAME	
STREET ADDRESS	1 CALIFORNIA ST., STE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	DPCE	3.1 TITLE	CCFOT
NAME	ZUZACK, RONALD E	3.2 NAME	FINELLI, WILLIAM A.
STREET ADDRESS	1 CALIFORNIA ST., STE 1400	3.3 STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	WHITE PLAINS, NY 10601
TITLE	RV	4.1 TITLE	AVP
NAME	BAWDEN, LAMONT W.	4.2 NAME	
STREET ADDRESS	8700 EAST VIA DE VENTURA, STE 170	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VPPM
NAME		5.2 NAME	FABER, RICHARD A.
STREET ADDRESS		5.3 STREET ADDRESS	ONE CALIFORNIA STREET, SUITE 1400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94111-5415
TITLE		6.1 TITLE	D
NAME		6.2 NAME	LYDON, THOMAS P., Jr.
STREET ADDRESS		6.3 STREET ADDRESS	ONE NORTH BROADWAY, SUITE 500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WHITE PLAINS, NY 10601

14. I do 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* 4/28/97 (415) 678-2000  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)