


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).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90017 042 ***550.00

0121051

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P21512
 1. Corporation Name
METRIC MANAGEMENT, INC.



Principal Place of Business 1 CALIFORNIA STREET STE 1400 SAN FRANCISCO CA 94111-5415 US	Mailing Address 1 CALIFORNIA STREET STE 1400 SAN FRANCISCO CA 94111-5415 US
---	---

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/27/1988

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number
94-3059943
 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
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVPG	<input type="checkbox"/> DELETE
NAME	HOWERTON, HERMAN H.	
STREET ADDRESS	1 CALIFORNIA ST., STE 1400	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFREY J	
STREET ADDRESS	1 CALIFORNIA ST., STE 1400	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	CCFT	<input type="checkbox"/> DELETE
NAME	FINELLI, WILLIAM A	
STREET ADDRESS	ONE NORTH BROADWAY #500	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	BAWDEN, LAMONT W.	
STREET ADDRESS	8700 EAST VIA DE VENTURA, STE 170	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VPPM	<input checked="" type="checkbox"/> DELETE
NAME	BEHYMER, ANDREW T	
STREET ADDRESS	ONE NORTH BROADWAY STE 500	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYDON, THOMAS P JR	
STREET ADDRESS	ONE NORTH BROADWAY #500	
CITY-ST-ZIP	WHITE PLAINS NY 10601	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: Herman H. Howerton DATE: 7/1/99 PHONE: (415) 678-2000

CR2E034 (5/99)