2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P21512 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name METRIC MANAGEMENT, INC. 08-16-2000 90001 033 ***550.00 Principal Place of Business Mailing Address 1 CALIFORNIA STREET 1 CALIFORNIA STREET STE 1400 STE 1400 SAN FRANCISCO CA 94111-5415 SAN FRANCISCO CA 94111-5415 A0072968 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4, FEI Number Applied For 94-3059943 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 8. The above harmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition **DVPG** TITLE Delete TITLE NAME HOWERTON, HERMAN H. NAME STREET ADDRESS STREET ADDRESS 1 CALIFORNIA ST., STE 1400 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94111 ✓ Addition Delete TITLE VP & Chief Operating Officer Change NAME MORRIS, JEFFREY J NAME Theodore P. Koros STREET ADDRESS 1 CALIFORNIA ST., STE 1400 STREET ADDRESS 1 California Street, Suite 1400 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94111 Sân Francisco, CA 94111 VP & Chief Financial Officer Change Addition TITLE CCFT Delete TITLE NAME FINELLI, WILLIAM A-NAME STREET ADDRESS ONE NORTH BROADWAY #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Addition AVP XX Delete TITLE Change TITLE NAME BAWDEN, LAMONT W. NAME STREET ADDRESS STREET ADDRESS 8700 EAST VIA DE VENTURA, STE 170 CITY-ST-ZIP CITY-ST-7IP SCOTTSDALE AZ Change ☐ Addition ☐ Delete Director, Chairman, TITLE TITLE LYDON, THOMAS P JR NAME NAME President & Chief Executive Officer STREET ADDRESS STREET ADDRESS ONE NORTH BROADWAY #500 CITY-ST-ZIP CITY-ST-7IP WHITE PLAINS NY 10601 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like erppowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

DIVAT PFESTGERT General Counsel and™Secretary

7/3//00

415-678-2000