

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40020 (0)

1. Corporation Name
GEERLINGS & WADE, INC.

Principal Place of Business: **960 TURNPIKE STREET CANTON MA 02021**
Mailing Address: **960 TURNPIKE STREET CANTON MA 02021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/10/1992** 3a. Date of Last Report: **02/03/1994**
4. FEI Number: **04-2935863** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name: **N/A**
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: **FL** B5 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	C
NAME	GEERLINGS, HUIB E.
STREET ADDRESS	150 HUNTINGTON AVENUE
CITY - ST - ZIP	BOSTON MA
TITLE	VCP
NAME	WADE, PHILLIP D.
STREET ADDRESS	16 KRESS FARM RD
CITY - ST - ZIP	HINGHAM MA 02043
TITLE	D
NAME	KUNTZ, LARRY
STREET ADDRESS	39 STERLING DRIVE
CITY - ST - ZIP	EASTHAMPTON MA
TITLE	VST
NAME	WADE, PHILLIP D.
STREET ADDRESS	WADE, PHILLIP D.
CITY - ST - ZIP	STOUGHTON MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAIRMAN OF THE BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEERLINGS, HUIB
1.3 STREET ADDRESS	129 CHARLES ST
1.4 CITY - ST - ZIP	BOSTON, MA 02114
2.1 TITLE	PRESIDENT, TREASURER, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WADE, PHILLIP D.
2.3 STREET ADDRESS	16 KRESS FARM RD.
2.4 CITY - ST - ZIP	HINGHAM, MA 02043
3.1 TITLE	VICE PRESIDENT, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCAREE, PETER
3.3 STREET ADDRESS	17BLACKTHORNE CIR
3.4 CITY - ST - ZIP	HOPKINTON MA 01748
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 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)(b), 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 in an attachment with an address.

SIGNATURE: [Signature] Y.P. Date: **7/5/95** Cayman Phrase #: **(612) 801-4152**

CR2E034 (3/95)