

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/10/1992	07/19/1995
4. FEI Number	Applied For / Not Applicable
04-2935863	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	FL

11. Pursuant to the provisions of Sections 607.08(2) and 607.1502, 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 607.08(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary of State

Date

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	GEERLINGS, HUIB E.	
STREET ADDRESS	129 CHARLES STREET	
CITY-STATE-ZIP	BOSTON MA	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	WADE, PHILLIP D.	
STREET ADDRESS	16 KRESS FARM RD	
CITY-STATE-ZIP	HINGHAM MA	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	MCAREE, PETER	
STREET ADDRESS	17 BLACKTHORNE CIRCLE	
CITY-STATE-ZIP	HOPKINTON MA	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	WADE, PHILLIP D.	
STREET ADDRESS	WADE, PHILLIP D.	
CITY-STATE-ZIP	STOUGHTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	WORREL, KELLY	
53 STREET ADDRESS	10 POND ST	
54 CITY-STATE-ZIP	DOVER, MA 02030	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this annual report is supplied only, 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 assignee 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER F. MCAREE

3/13/96

(617) 821-4150

CR2E034 (12/95)