

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

FILED

**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P40020 (0)
1. Corporation Name
GEERLINGS & WADE, INC.



Principal Place of Business
**860 TURNPIKE STREET
CANTON MA 02021**

Mailing Address
**860 TURNPIKE STREET
CANTON MA 02021-2818**

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
03/20/1996

4. FEI Number
04-2935863

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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE C	GEERLINGS, HUIB E.	<input checked="" type="checkbox"/> DELETE
NAME	129 CHARLES, STREET	
STREET ADDRESS	BOSTON MA	
CITY-ST-ZIP		
TITLE PTS	WADE, PHILLIP D.	<input checked="" type="checkbox"/> DELETE
NAME	18 KRESS FARM RD	
STREET ADDRESS	HINGHAM MA	
CITY-ST-ZIP		
TITLE V	MCAREE, PETER	<input checked="" type="checkbox"/> DELETE
NAME	17 BLACKTHORNE CIRCLE	
STREET ADDRESS	HOPKINTON MA	
CITY-ST-ZIP		
TITLE V	WORREL, KELLY	<input checked="" type="checkbox"/> DELETE
NAME	10 POND ST	
STREET ADDRESS	DOVER MA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BESSA, JAY	
1.3 STREET ADDRESS	388 COMMONWEALTH AVE	
1.4 CITY-ST-ZIP	BOSTON, MA 02115	
2.1 TITLE	CEO, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEARCE, DAVID	
2.3 STREET ADDRESS	33 PLEASANT ST.	
2.4 CITY-ST-ZIP	DOVER, MA 02030	
3.1 TITLE	DIRECTOR, CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GEERLINGS, HUIB	
3.3 STREET ADDRESS	129 CHARLES ST	
3.4 CITY-ST-ZIP	BOSTON, MA 02114	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CURVEY, JAMES	
4.3 STREET ADDRESS	41 HIGH GATE E.	
4.4 CITY-ST-ZIP	WELLESLEY, MA 02181	
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 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: [Signature] DATE: **2/12/97** (617) 821-4152

CR2E034 (9/96)