

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

FILED

**Mar 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40020 (0)

1. Corporation Name
GEERLINGS & WADE, INC.



Principal Place of Business 980 TURNPIKE STREET CANTON MA 02021	Mailing Address 960 TURNPIKE STREET CANTON MA 02021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/10/1992	4. FEI Number 04-2935863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PCEO	<input type="checkbox"/> DELETE
NAME	ESSA, JAY	
STREET ADDRESS	333 COMMONWEALTH AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	PEARCE, DAVID	
STREET ADDRESS	33 PLEASANT ST	
CITY-ST-ZIP	DOVER MA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GEERLINGS, HUIB	
STREET ADDRESS	129 CHARLES ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURVEY, JAMES	
STREET ADDRESS	41 HIGHGATE ST	
CITY-ST-ZIP	WELLESLEY MA	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILLID WADE	
1.3 STREET ADDRESS	16 CROSS FARM RD	
1.4 CITY-ST-ZIP	HINGHAM MA 02043	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT WEBB	
2.3 STREET ADDRESS	52 DINE RIDGE RD	
2.4 CITY-ST-ZIP	WESTPOLE MA 01886	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GORDON COOKE	
3.3 STREET ADDRESS	75 BOYISTON ST APT 603	
3.4 CITY-ST-ZIP	BOSTON MA 02114	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACK COONORS	
4.3 STREET ADDRESS	71 SEARS RD	
4.4 CITY-ST-ZIP	BROOKLINE MA 02140	
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 _____

CFR2E034 (10/97)