

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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90008 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P40020**

1. Corporation Name  
**GEERLINGS & WADE, INC.**



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

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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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/D	<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	D	<input type="checkbox"/> DELETE
NAME	WADE, PHILLIP	
STREET ADDRESS	16 KRESS FARM RD	
CITY-ST-ZIP	WINGHAM MA 02043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, ROBERT	
STREET ADDRESS	52 PINE RIDGE RD	
CITY-ST-ZIP	WESTPORD MA 01886	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	29 FAIRFIELD # 1A	
1.4 CITY-ST-ZIP	BOSTON MA 02116	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CONNORS, JOHN	
2.3 STREET ADDRESS	71 SENES RD	
2.4 CITY-ST-ZIP	BROOKLINE, MA 02116	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOR COOKE, GORTON	
3.3 STREET ADDRESS	755 Boylston St., Apt. 603	
3.4 CITY-ST-ZIP	BOSTON, MA 02116	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/99 781  
 Daytime Phone #

CR2E034 (1/98)