

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90032 001 ***150.00

DOCUMENT # F94000000191

1. Corporation Name
GEO-CENTERS, INC.

Principal Place of Business
7 WELLS AVE
NEWTON CENTRE MA 02459

Mailing Address
7 WELLS AVE
NEWTON CENTRE MA 02459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/13/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-2527130	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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
FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	MARRAM, EDWARD P	1.2 NAME	Edward P. Marram, Ph.D.
STREET ADDRESS	5 HEATHWOOD LANE	1.3 STREET ADDRESS	199 Rice Road
CITY-ST-ZIP	CHESTNUT HILL MA	1.4 CITY-ST-ZIP	Wayland, MA 01778
TITLE	D	2.1 TITLE	
NAME	BORTEN, WILLIAM H	2.2 NAME	
STREET ADDRESS	10804 BALANTREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WESSLER, BARRY D	3.2 NAME	
STREET ADDRESS	12009 SMOKETREE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	BEERS, RICHARD H	4.2 NAME	
STREET ADDRESS	2890 DUNLEIGH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNKIRK MD	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	POGARIAN, ANDREA	5.2 NAME	Andrea L. Pogarian
STREET ADDRESS	691 MAIN ST.	5.3 STREET ADDRESS	113B Centre St.
CITY-ST-ZIP	WATERTOWN MA	5.4 CITY-ST-ZIP	Brookline, MA 02446
TITLE	D	6.1 TITLE	
NAME	TOUPS, JOHN M.	6.2 NAME	
STREET ADDRESS	1209 STUART ROBESON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22101	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: _____ Edward P. Marram -04/05/99 -(617) 964-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0545709