2004 FOR PROFIT CORPORATION

FILED Apr 19, 2004 08:00 AM

	ANNUAL	REPORT		. 50	ecretary	of State
DOCUMENT # F9400000191						
1. Entity Name GEO-CENTERS, INC.						
GEO-CE	NTERO, INC.					
Principal Plac	ce of Business	Mailing Address	·			
7 WELLS AVE Newton Centre, Ma 02159		7 WELLS AVE NEWTON CENTRE, MA 02159				
MEMIONICE	NINE, MA UZ 133	HERIOR CERTICE, MIN UZ 103		F SWEITER IN	n 1811) kana pera mua ma	• If while while which state swill surpays ()
	A Company of the Comp					
					e ionin attell resti benin eze	it ur eitt mmist mmint fæmilt f æ ines komtnæs st
				04062004	No Chg-P	CR2E034 (10/03)
	ONOT WRITE	IN THIS SPAC	E	4. FEI Numbe		Applied
				04-252		Not App
				5. Certificate	of Status Desired	58.75 Additions
6. Name and Address of Current Registered Agent				Child Straight	THE PERSON NAMED IN	Service of the servic
THE PREI	NTICE-HALL CORPORATION SY	YSTEM, INC.		DΟ	NOT W	DITE
1201 HAYS STREET						
SUITE 105 TALLAHASSEE, FL 32301				IN 7	THIS SF	PACE
8. The above	named entity submits this statement for the	ne purpose of changing its registered	d office or register	ed agent, or bo	th, in the State of Fk	orida. I am familiar with, and
the obligat	tions of registered agent.	-	_	-		· · ·
SIGNATURE.	Signature, typed or printed name of registered agent and	title if smallrafile (NOTE Repleterent i	Agent signature required	Uhan rainetetina)		DATE
	agriculto, pped or printed the or registered agriculture	, the legislature		,		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS			35.	
TITLE NAME	MARRAM, EDWARD P				-	-
STREET ADDRESS	199 RICE RD.				U000001189	29
CTTY-ST-ZIP	WAYLAND, MA 01778			14/	19/04-8007	9-016 150.00
TITLE NAME	D BORTEN, WILLIAM H					
STREET ADDRESS	10804 BALANTREE LANE					
CITY-ST-ZIP	POTOMAC, MD	<u> </u>				
TITLE NAME	D WESSLER, BARRY D		•		i e i Tee	. .
STREET ADDRESS	12009 SMOKETREE RD.			D0	NIOT W	mire
CITY-ST-ZIP	POTOMAC, MD			טט	NOT W	HILE
TITLE	S POCADIAN ANDREA			IN .	THIS SF	PACE
NAME STREET ADDRESS	POGARIAN, ANDREA 1138 CENTRE ST.					
CITY-ST-ZIP	BROOKLINE, MA 02466					
TITLE	D TOURS (OUN) 14	·				
NAME	TOUPS, JOHN M.					
STREET ADDRESS	1 '	ļ				
STREET ADDRESS CITY-ST-ZIP	1209 STUART ROBESON DR. MCLEAN, VA 22101	-				

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or died of the corporation or the receiver or this tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\)

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DATE OF DIRECTOR