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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
880 TURNPIKE STREET
CANTON MA 02021

Mailing Address
880 TURNPIKE STREET
CANTON MA 02021-2818

3. Date Incorporated or Qualified
08/10/1992

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
04-2935863

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME GEERLINGS, HUIB E.
STREET ADDRESS 129 CHARLES STREET
CITY-ST-ZIP BOSTON MA ☒ DELETE

1.1 TITLE PRESIDENT, CEO ☐ Change ☒ Addition
1.2 NAME BESA, JAY
1.3 STREET ADDRESS 388 COMMONWEALTH AVE
1.4 CITY-ST-ZIP BOSTON, MA 02115

TITLE PTS
NAME WADE, PHILLIP D.
STREET ADDRESS 18 KRESS FARM RD
CITY-ST-ZIP HINGHAM MA ☒ DELETE

2.1 TITLE CEO, VP ☐ Change ☒ Addition
2.2 NAME PEARCE, DAVID
2.3 STREET ADDRESS 33 PLEASANT ST.
2.4 CITY-ST-ZIP DOVER, MA 02030

TITLE V
NAME MCAREE, PETER
STREET ADDRESS 17 BLACKTHORNE CIRCLE
CITY-ST-ZIP HOPKINTON MA ☒ DELETE

3.1 TITLE DIRECTOR, CHAIRMAN ☐ Change ☒ Addition
3.2 NAME GEERLINGS, HUIB
3.3 STREET ADDRESS 129 CHARLES ST
3.4 CITY-ST-ZIP BOSTON, MA 02114

TITLE V
NAME WORREL, KELLY
STREET ADDRESS 10 POND ST
CITY-ST-ZIP DOVER MA ☒ DELETE

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME CURVEY, JAMES
4.3 STREET ADDRESS 41 HIGH GATE E.
4.4 CITY-ST-ZIP WELLESLEY, MA 02181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/97 (617) 821-4152

CR2E034 (9/96)