

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
**960 TURNPIKE STREET
CANTON MA 02021**

Mailing Address
**960 TURNPIKE STREET
CANTON MA 02021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2935863	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	PCEO	1.1 TITLE	DIRECTOR
NAME	ESSA, JAY	1.2 NAME	PHILLID WADE
STREET ADDRESS	333 COMMONWEALTH AVE	1.3 STREET ADDRESS	16 KRESS FARM RD
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	HINGHAM MA 02043
TITLE	CFOV	2.1 TITLE	DIRECTOR
NAME	PEARCE, DAVID	2.2 NAME	ROBERT WEBB
STREET ADDRESS	33 PLEASANT ST	2.3 STREET ADDRESS	52 PINE RIDGE RD
CITY-ST-ZIP	DOVER MA	2.4 CITY-ST-ZIP	WESTPORT MA 01886
TITLE	DC	3.1 TITLE	DIRECTOR
NAME	GEERLINGS, HUIB	3.2 NAME	GORDON COOKE
STREET ADDRESS	129 CHARLES ST	3.3 STREET ADDRESS	75 BOYISTON ST APT 603
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	BOSTON MA 02114
TITLE	D	4.1 TITLE	DIRECTOR
NAME	CURVEY, JAMES	4.2 NAME	JACK COONORS
STREET ADDRESS	41 HIGHTGATE ST	4.3 STREET ADDRESS	71 SEABE RD
CITY-ST-ZIP	WELLESLEY MA	4.4 CITY-ST-ZIP	BROOKLINE MA 02144
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

[Signature]

[Signature]

[Signature]

[Signature]

CP2E034 (10/97)