

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 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 002 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1992

4. FEI Number

04-2935863

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

30

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 PCEO/D ☐ DELETE
NAME ESSA, JAY
STREET ADDRESS 333 COMMONWEALTH AVE
CITY-ST-ZIP BOSTON MA

1.1 TITLE PCEO/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 29 FAIRFIELD # 1A
1.4 CITY-ST-ZIP BOSTON MA 02116

TITLE CFOV ☐ DELETE
NAME PEARCE, DAVID
STREET ADDRESS 33 PLEASANT ST
CITY-ST-ZIP DOVER MA

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CONNORS, JOHN
2.3 STREET ADDRESS 71 SEMES RD
2.4 CITY-ST-ZIP BROOKLINE, MA 02116

TITLE DC ☐ DELETE
NAME GEERLINGS, HUIB
STREET ADDRESS 129 CHARLES ST
CITY-ST-ZIP BOSTON MA

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GOR COOKE, GORDON
3.3 STREET ADDRESS 755 Boylston St., Apt. 603
3.4 CITY-ST-ZIP BOSTON, MA 02116

TITLE D ☐ DELETE
NAME CURVEY, JAMES
STREET ADDRESS 41 HIGHGATE ST
CITY-ST-ZIP WELLESLEY MA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WADE, PHILLIP
STREET ADDRESS 16 KRESS FARM RD
CITY-ST-ZIP WINGHAM MA 02043

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

TITLE D ☐ DELETE
NAME WEBB, ROBERT
STREET ADDRESS 52 PINE RIDGE RD
CITY-ST-ZIP WESTPORD MA 01886

6.1 TITLE ☐ Change ☐ 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

3/29/99 781

Date

Daytime Phone #

CR2E034 (11/98)