

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40020

Entity Name: GEERLINGS & WADE, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

45 BRAINTREE HILL PARK, STE 300
BRAINTREE, MA 02184 US

New Principal Place of Business:

Current Mailing Address:

45 BRAINTREE HILL PARK, STE 300
BRAINTREE, MA 02184 US

New Mailing Address:

FEI Number: 04-2935863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC.
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC.
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: G. RAY DRIVER, JR., P

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURVEY, JAMES
Address: 82 DEVONSHIRE STREET, S9A
City-St-Zip: BOSTON, MA 02109

Title: C () Delete
Name: GEERLINGS, HUIB
Address: 22 BEACON STREET, UNIT 3
City-St-Zip: BOSTON, MA 02108

Title: D (X) Delete
Name: REMONDI, JOHN
Address: 82 DEVONSHIRE STREET, R7A
City-St-Zip: BOSTON, MA 021096361

Title: V (X) Delete
Name: SOREL, RUSSELL
Address: 10 HAWTHORNE STREET
City-St-Zip: HANSON, MA 02341

Title: D (X) Delete
Name: WEBB, ROBERT
Address: 222 MILL ROAD
City-St-Zip: CHELMSFORD, MA 02184

Title: P () Delete
Name: ROMER, GORDON
Address: 2 AVERY STREET, STE 25E
City-St-Zip: BOSTON, MA 02111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEBB, ROBERT
Address: 52 PINE RIDGE ROAD
City-St-Zip: WESTFORD, MA 01886

Title: CT (X) Change () Addition
Name: GEERLINGS, HUIB E
Address: 129 CHARLES STREET
City-St-Zip: BOSTON, MA 02114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CPS (X) Change () Addition
Name: ROMER, GORDON
Address: 2 AVERY STREET, STE 25E
City-St-Zip: BOSTON, MA 02111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON ROMER

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date