



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135635		2. Name of Corporation TELE ATLAS NORTH AMERICA, INC.			
3. Street Address Principal Business Office 11 LAFAYETTE STREET			City LEBANON	State NH	Zip 03766
4. Business Phone No. 603-643-0330		5. State of Incorporation CA		6. SIC Code 7872	
7. Brief Description of the Character of Business Conducted in Rhode Island DIGITAL MAPPING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL J. GERLING			Vice President Name		
Street Address 11 LAFAYETTE STREET			Street Address		
City LEBANON	State NH	Zip 03766	City	State	Zip
Secretary Name HARDIE MORGAN			Treasurer Name		
Street Address 11 LAFAYETTE STREET			Street Address		
City LEBANON	State NH	Zip 03766	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GEORGE FINK			Director Name ALAIN DETAEYE		
Street Address 11 LAFAYETTE STREET			Street Address 11 LAFAYETTE STREET		
City LEBANON	State NH	Zip 03766	City LEBANON	State NH	Zip 03766
Director Name HARDIE MORGAN			Director Name		
Street Address 11 LAFAYETTE STREET			Street Address		
City LEBANON	State NH	Zip 03766	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000	COMMON	NO PAR VALUE	10	COMMON	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 8/22/05  
Check No. 2933  
By: DA  
FOR SECRETARY OF STATE USE ONLY

Ilse Ramsey 7/29/05  
Signature of Officer Date  
Ilse Ramsey  
Print or Type Name of Officer  
VP Finance & Administration  
Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135635		2. Name of Corporation Tele Atlas North America, Inc.			
3. Street Address Principal Business Office 1605 Adams Dr.			City Menlo Park	State CA	Zip 94025
4. Business Phone No. 650-328-3825		5. State of Incorporation CALIFORNIA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island CREATING DIGITAL MAPS, PROVIDING GEOCODING SERVICES AND REAL-TIME TRAFFIC INFORMATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Fink			Vice President Name Walt Zavoli		
Street Address same as the corporate			Street Address same as the corporate		
City	State	Zip	City	State	Zip
Secretary Name Sonja Alpert			Treasurer Name / CEO David Mackenzie		
Street Address same as the corporate			Street Address same as the corporate		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alan De Taeye			Director Name Wolfgang Muller		
Street Address Moutstraat 92, 9000			Street Address Reitscheweg 7F, NL-5232		
City	State	Zip	City	State	Zip
Crent	Belgium		BX's-Hertogenbosch	The Netherlands	
Director Name George Fink			Director Name David Mackenzie		
Street Address same as the corporate			Street Address same as the corporate		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM NO PAR VALUE			10	Common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 5 6 3 5 \*

**FILED**

File Date: **MAR 01 2004**

Check No. \_\_\_\_\_

By: 81084 GMD

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David Mackenzie 2-27-04  
Signature of Officer Date

David Mackenzie  
Print or Type Name of Officer

CFO  
Title of Officer