

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

101.222.3040

PROFIT CORPOR		UAL REPORT Fee: \$50.00	FOR THE YEAR	2005	
(FORM MUST BE TYPED OR PRINTI					
1. Carporate ID No. 110648	2 Name of Corporation microDATA GIS,	inc.			
3. Street Address Principal Business Off	ute 5		City St. Tal. 1	Sinie	Zip
4. Business Phone No	ute J	5. State of Incorporation	St. Johnsbury	Vermont	05819 6. SIC Code
(80a) 748-5503		VERMONT			7872
7 Brief Description of the Character of ENHANCE() 9-1-1 SOFTW.	Business Conducted in RI ARE AND DATABASI	ode Island E DEVELOPMENT,			
8. NAMES AND ADDRESSES O			CHMENT) — № FILL IN SPA	CES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Bruce Jason +	leinrich		Christine H.	McMullen	
341 Aloine Lans	۵	;	Street Address 600 Cormier	Road	
r . 0 .	State	Zip	Gly Cly	State	Zip
tast Burke	V 1	05832	Danville	J VT	1.05838
Marilyo Heinr	-ich		Marilia Hei	ncich	
Street Address			Street Address	<u> </u>	
110 Nature 1)	rive	<u> </u>	110 Nature I	)cive	<u> </u>
Franconia	N H	<sup>ヹゅ</sup> 03580	Franconia	State	Ζίρ
9. NAMES AND ADDRESSES O	F THE DIRECTORS	: ("X" BOX FOR ATTA	ACHMENT)   FILL IN SE	I NH PACES BEFORE USING	I 03580 ATTACHMENTS
Bruce Jason H	1		Director Name	1.11	
Street Address	teinrich	<del></del> :	Christine H 1	<u>AcMullen</u>	
<del></del>	2bove		256	above	
City	State	Zip	City	State	Zip
Director Name	•••••••••••••••••••••••••••••••••••••••		Director Name		
Marilyn D H	einrich		Bruce H.	einrich	
Street Address 1	م ام صمه		SIFEET MIINTES	- 1	· —
	State	Zip	Sce_	siaie	Zip
10. SHARES AUTHORIZED (*. AUTHORIZED SHARES	X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMI	(זמֹב
	las/Series i	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE					
	<u> </u>	i	A000	Common	no Par
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
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			Hadar annales - C = - '	I dealers and 800 or 10	have examined this report

Check No. FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and statements, and that all statements crentained herein are true and correct. Signature of Officer MARILYN HEINRICH SECR Title of Officer



800.722.6663

802.748.5503

fax: 802.748.5447

e911@microdatagis.com

Vice President

Bruce Heinrich 110 Nature Drive Franconia, NH 03580



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

	Providence	, KI 0290 401.22	
004			

(FORM MUST BE TYPED OR PRINTED IN BLA	CK)					
1. Corporate ID No. 2. Name of	Corporation		<u></u>			
110648 micro	DATA GIS, Inc.					
3. Street Address Principal Business Office		City	State	Zip		
1016 US ROUTE	5	ST. JOHNS BURY	VT	05819		
4. Business Phone No.	5. State of Incorporation	13. 10.1.2.2013	<del></del>	6. SIC Code		
802. 748.5503	VERMONT			i		
7. Brief Description of the Chamcter of Business Co ENHANCED 9-1-1 SOFTWARE AND	ouducted in Rhode Island			<u> </u>		
8. NAMES AND ADDRESSES OF THE C	OFFICERS: ("X" BOX FOR ATTA	CHMENT)   THE IN COA.	CEC BEFORE HEING			
President Name	( ii zon ion nin	CHMENT)				
BRUCE JASON	HEINRICH	•	BRUCE HEINRICH			
Street Address		Company And discourse	<u> </u>			
City E. BURKE State VT	LA.	221 AL	PINE LA	•		
City State	Zip	City	State	Zip		
	05832	E. BURKE	VT	05832		
Secretary Name		Treasurer Name		4		
Sircel Address	EINRICH	€ SAME	← SAME			
221 ALPINE	1 10 11 6	Sircei Address				
	LANE					
E. BURKE VT	o5832	Clty	State	Zip		
9. NAMES AND ADDRESSES OF THE D	IRECTORS: ("X" BOX FOR ATT	: ACHMENT)       FILLINGS	 ACES BEFORÉ USING :	 		
Director Name		Director Name	ACES BEFORE USING	ALIACHMENIS		
BRUCE JASON	HEINRICH	BRUCE HE	IN RICH			
Sircei Address	101101011	Sircet Address	2 110 101011			
241 ALPIN	E LA.		INE LA.			
City State	Zip	City	State	976		
E. BURICE VT	05832	E. BURILE	\ \ \ \ \ \	05832		
CHRISTINE H.	MCMULLEN	Director Name WARILYN	H=\0.1	~ <i>L</i> L		
Street Address	•			<u> </u>		
City DANVILLE State	HILL RD.	121 ALPIN	E LA.			
City State	Zip	City	State	Zip		
DANVILUE VT	05828	E. BURKE		05832		
10. SHARES AUTHORIZED ("X" BOX	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES	· <u>-</u>	ISSUED SHARES	······························	·- <i>/</i> ⊔		
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
10,000 COMM NO PAR VALUE		2000	COMMON	NONE		

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

File Date	1.0901	*
Check No.	10p	
	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, a	nd that all statements
contained herein are true and correct.	

Signature of Officer 1/23/0 4

MARILYN HEINRICH
Print or Type Name of Officer

SECRETARY/TREASURER

Form 630 Rev. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP
PLEASE READ INSTRUCTIONS

Filing Period: Januar	y I-March 1 • F	Iling Fce: \$50.00		TERR	PILEASE R
(FORM MUST BE TYPED OR PRIN 1. Corporate ID No. 110648	ITED IN BLACK)  2. Name of Corporation  microDATA G				
3. Street Address Principal Busines		io, iiio.	City	State	Zip
36 EASTER	N AVENUE		ST JOHNSBURY	٧r	~~ b5819
4. Business Phone No.	••	5. State of Incorporation		• •	6. SIC Code
802.748.59	503	VERMONT			7872
7. Brief Description of the Characte	er of Buslness Conducted in R	hode Island			1012
ENHANCED 9	III MAPPING				
8. NAMES AND ADDRES	SSES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES B	EFORE USING ATTACH	IMENTS
President Name			Vice President Name		
BRUCE JASON	HEINRICH		BRUCE HEINR	ICH	
Street Address	1.400		Street Address		
241 ALPINE			221 ALPINE	LANE	
E. BURKE	State VT	<sup>z1</sup> , 05832	City S DILOVE	State 1.5 -	Zip 05930
• •	* 1	05852	E. BURKE	٧r	05832
Secretary Name  MARILYN F	TEINDICH		Treasurer Name		
Street Address	TEMAKION		MARIUN HEI	NK ICH	
221 ALPINI	ELANE		Street Address 221 ALPINE	IANE	
City	State	Zip	City		<b>.</b>
E. BURKE	ν <b>τ</b>	<sup>™</sup> 05832	E. BURKE	State	<sup>21p</sup> 05832
9. NAMES AND ADDRES	SSES OF THE DIRECT			BEFORE USING ATTA	· ·
Director Name	o o o o o o o o o o o o o o o o o o o	TORS ( A HOX FOR ATTA	Director Name	BEFORE USING AT IA	LHMEN13
BRUCE JASO	N HEINRICH		BRUCE HEIN	RICH	
Street Address	<b>,,,,,</b>		Street Address		
241 ALPINE	LANE		221 ALPINE	LANE	
City	State	Zip	City	State	Zip
E. BURKE	VT	05832	E. BURKE	VT	05837
Director Name				neich ,	••
	HEINRICH		CHRISTINE	MCMULLEN	
Street Address	IC LANC		Street Address		
City 221 ALPIN			147 WALD	en hill RD	
E. BURKE	State	<sup>219</sup> 05832	City	State	Zip 0500
	V +	•	DANVILLE	V (	ひつりない
10. SHARES AUTHORIZE AUTHORIZED SHARES	BOX FOR ATTACE	IMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Fas Value	ISSUED SHARES	Classification	
· · · • • · · · · • · · · · · · · · · ·	W	· UI TUIME	INGRES OF SHOPES	I INTEL/SPRING	Par Value

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



FOR SECRETARY OF STATE USE ONLY

10,000 COMM NO PAR VALUE

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.

COMMON

Signature of Difficer Date

MARILYN HEINRICH
Print or Type Name of Officer

SECR/TREAS

Title of Officer

Form 630 12102

NONE

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

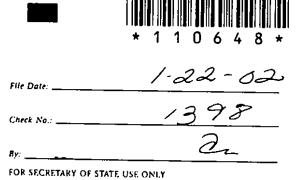
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

riing rerioa: January 1-March	I THING FEE: \$50.00			INSTRUCT
(FORM MUST BE TYPED IN BLACK)	·			TASTRCC.
1. Corporate ID No. 2. Name o	f Corporation			
110648 micr	oDATA GIS, Inc.			
3. Street Address Principal Business Office		City	State	Zip
36 Eastern Avenue	5. State of Incorporation	ST. Johnsbury	VT	05819 6. SIC Code
802.748.5503 7. Hilef Description of the Character of Business Co				7872
Enhanced 911 Maps B. NAMES AND ADDRESSES OF TH President Name	E OFFICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES I	BEFORE USING ATTAC	HMENTS
Bruce Jason Heir	nrich	Bruce Hein	rich	
241 Alpine Lane sian	Zip	221 Alpine	Lane	Zip
E. Bulke VT	05832	E. Burke	UT	05832
Marilyn Heinrich		Marilyn He	einrich	
221 Alpine Lane	Zip	221 Alpine	Lane	Zip
C. Burke VT P. NAMES AND ADDRESSES OF THE Director Name		E. Bushe ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	05832
Bruce Jason Hei	nrich	Druce Heir	nrich	
241 Alpine Lane	Zip	221 Alpine	Lanc	Zip
E. Burke VT	05832	E. Burke	VT	O5832
Marilyn Heinrich		Christine t	teinrich	
ala Alaine Lane	Zip	147 Walden	Hill Rd.	Zip
6. Bucke O. SHARES AUTHORIZED ("X" BOX FO UTHORIZED SHARES		Danville 11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	05818
umber of Shares Class/Series	s Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE		2000	Common	Stores are without par value

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

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Form 630 12/01

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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(FORM MUST BE TYPED IN BLACK) 3. Street Address Principal Business Office ST. JOHNSBURY 36 AVE. EASTERN 4. Business Phone No. 802.748.5503 7. Brief Description of the Character of Business Conducted in Rhode Island ENHANCED 911 MAPPING 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) : FILL IN SPACES BEFORE USING ATTACHMENTS HEINRICH BRUCE JASON HEINRICH E. BURKE HEINRICH MARILYN SAME SECRETARY Street Address Street Address ALPINE 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS BRUCE Street Address Director Name Director Name CHRISTINE City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ( AUTHORIZED SHARES Number of Shares Class/Series Number of Shares Par Value 10,000 COMM NO PAR VALUE

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C	1/22						
File Date:	1dd						
Check No.: _	1891						
By:	De	-					
		_	-				

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.

Marily Signature of Office	Ileinie	eh	2/15/01
Signature of Office()		Date	7 7

MARILYN HEINRICH
Print or Type Name by Officer

SECR	/	TREAS
Title of Officer	,	