# FORM D

PROCESSED
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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Target Analysis Group, Inc. sale of Common Stock	
A. BASIC IDENTIFICATION DATA    Telephone Number (Including Area Code)   Secription of Business Organization   Summer Struck   Summer Struck	□ ULOE
A. BASIC IDENTIFICATION DATA	111 1 4 2005
Enter the information requested about the issuer	361 1 2000
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Target Analysis Group, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)  1030 Massachusetts Avenue, Cambridge, Massachusetts 02138	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Data analysis, market research, donor relationship management, and database marketing ser	vices.
	ecify):
Actual or Estimated Date of Incorporation or Organization:	or State:

### General Instructions

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Charles Longfield Business or Residence Address (Number and Street, City, State, Zip Code) 1030 Massachusetts Avenue, Cambridge, Massachusetts 02138 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lee Gartley Business or Residence Address (Number and Street, City, State, Zip Code) 1030 Massachusetts Avenue, Cambridge, Massachusetts 02138 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) **Robert Harris** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Target Analysis Group, Inc., 1030 Massachusetts Avenue, Cambridge, Massachusetts 02138 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA

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2. Enter the information request	_		thin the nast five years:		
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		-	corporate general and manag	ging partners of part	tnership issuers; and
Each general an	nd managing partner	of partnership issuers.			
• Each promoter of the issuer, if the issuer has been organized within the past five years;					
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	
Full Name (Last name first, if in	dividual)				····
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	<b>—</b>
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	_
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	<del></del>
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			<del></del>
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,  Each executive Officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and  Each general and managing partner of partnership issuers.  Beneficial Owner   Beneficial Owner   Executive Officer   Orector   General and/or Managing Partner.  Uniform (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Beneficial Owner   Executive Officer   Otrector   General and/or Managing Partner.  Beneficial Owner   Executive Officer   Otrector   General and/or Managing Partner.  Brand (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner.  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   General and/or   Executive Officer   Director   General and/or Managing Partner.  But Name (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner.  Find Name (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner.  Find Name (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner.  Find Name (Last name first, If individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Fine Robor (Robor (Robor (Robor (Robor					
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			TIFICATION DATA		
2. Enter the information reques	ted for the following	g:			
Each promoter	of the issuer, if the i	issuer has been organized wit	thin the past five years;		
Each beneficia	l owner having the p	ower to vote or dispose, or d	lirect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer;
Each promoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply:					
• Each general a	nd managing partner	r of partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	<b>—</b>
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		<del></del>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
		<del></del>			
	(Use t	lank sheet, or copy and use a	additional copies of this shee	et, as necessary	

B. INFORMATION ABOUT OFFERING	<del> </del>	r v
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.	Yes	No 🖾
2. What is the minimum investment that will be accepted from any individual?	\$ N/A	
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	☐ All Sta	ates
	[HI]	[ID]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		<del></del>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	☐ All Sta	ates
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[HI]	[ID]
Full Name (Last name first, if individual)	<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>	
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	☐ All Sta	tes
[AL] [ [AK] [ [AZ] [ [AR] [ [CA] [ [CO] [ [CT] [ [DE] [ [DC] [ [FI] [ [GA] [	[HI] [	[10]
[IL]       [IN]       [IA]       [KS]       [KY]       [LA]       [ME]       [MD]       [MA]       [MI]       [MI]	[MS]   [OR]   [WY]	[MÖ]   [PA]   [PR]
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$600,000	\$600,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests.	\$	\$
	Other (Specify)	\$	\$
	Total	\$	\$
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$600,000
	Non-accredited Investors	0	\$0
	Total (for filing under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		D.H. A.
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$20,000
	Accounting Fees		\$0
	Engineering Fees.		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total		\$20,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted ground and total expenses".	n 1 oss		\$580,000
5.	each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and che	eck		
	Coloring and food	П ¢	Payments to Officers, Directors, & Affiliates	Payments To Others
				□ \$
	Purchase, rental or leasing and installation of machinery and equipment	□ \$		<b>□</b> \$
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b. above.  Payments to Officers, Directors, & Affiliates  Salaries and fees.	□ \$			
		□ \$		□ \$
	Repayment of indebtedness	□ \$		□ \$
	Working capital	□ \$		፟ \$580,000
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	outer (speeny).	₩ ₩		<b>□</b> *
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and total expenses furnished in response to Part of proceeds to the issuer."  5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part of the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part of the box to the left of the estimate.  Purchase of real estate.  Purchase of real estate.  Purchase, rental or leasing and installation of the destination of the businesses (including the offering that may be used in exchange for the issuer pursuant to a merger).  Repayment of indebtedness.  Working capital.  Other (specify):  Column Totals.  Total Payments Listed (column totals added signature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accrece lissuer (Print or Type)  Target Analysis Group, Inc.  Name of Signer (Print or Type)  Lee Gartley	Column Totals.	□ \$		□ \$
	Total Payments Listed (column totals added)		፟ \$580,000	
	D. FEDERAL SIGNATURE			
sig	gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm	nissio		
	arget Analysis Group, Inc.	,	05	
	r the difference between the aggregate offering price given in response to Part C — Question 1 lexpenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross to the issuer."  below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the estimate. The total of the payments listed must equal the adjusted gross to the issuer set forth in response to Part C — Question 4.b. above.  Paym Office and the state of the interest of the interest of the payments listed must equal the adjusted gross to the issuer set forth in response to Part C — Question 4.b. above.  Paym Office and the interest of the payments listed must equal the adjusted gross to the issuer set forth in response to Part C — Question 4.b. above.  Paym Office and the adjusted gross proceeds to the issuer used or proposed to be used for the payments listed must equal the adjusted gross to the left of the same and check to the left of the estimate and check to the issuer set forth in response to Part C — Question 4.b. above.  Payments can be adjusted gross proceeds to the issuer used or proposed to be used for the payment in the adjusted gross and the same and the payments in the payment in			
	Intentional misstatements or omissions of fact constitute federal criminal viola	tions	s. (See 18 U.S.C	: 1001.)

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	Intend to non-ac investors (Part B-	to sell ccredited , s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series E Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				j.					
AZ			<del></del>				<del></del>		
AR							<del></del>	<del> </del>	<del>                                     </del>
CA									
CO				<del></del>					
СТ									
DE									
DC		1						<del> </del>	
FL		-						<u> </u>	<u> </u>
GA			-						
HI									
ID				<del> </del>					
IL							<del></del>	-	
IN					-		<del></del>		
IA								1	<u> </u>
KS					······································				
KY								<del> </del>	<del>                                     </del>
LA		<b>†</b>							
ME					!				
MD									
MA		X	Common Stock \$415,385	4	\$415,385	0	\$0		X
MI			<del> </del>		ψ <del>+</del> 10,000	1	<del>_</del>	<del>                                     </del>	<del>  ^</del>
MN							<del></del>	1	
MS	<del> </del>	-							<del>                                     </del>

# APPENDIX

1	Intend to non-ac investors (Part B-	to sell ccredited, in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ										
NE	_									
NV										
NH	<del>-</del>				·		-			
NJ										
NM	_						<del></del>			
NY		×	Common Stock \$184,615	1	\$184,615	0	\$0		×	
NC										
ND										
ОН										
OK										
OR										
PA										
RI		ļ								
SC										
SD					<u> </u>					
TN						, , ,				
TX		<u> </u>								
UT										
VT										
VA				ļ				<u></u>		
WA				-	<u> </u>					
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WI			<u> </u>							

1	Type of security Intend to sell to non-accredited investors in State  (Part B-Item1)  Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1)  (Part C-Item 2)				5 Disqualificati under State UI (if yes, attac explanation waiver grante (Part E-Item				
State	Yes	No No	(Part C-Item 1)	Number of Accredited Investors	(Part )	C-Item 2)  Number of Non- Accredited Investors	Amount	Yes	No
WY PR									