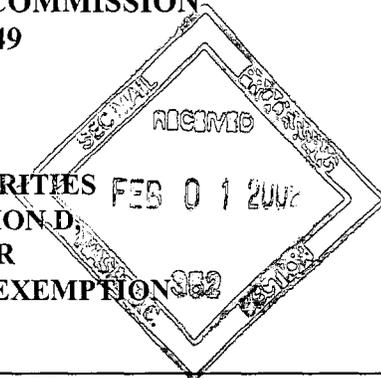


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Approval OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response 16.00

FORM D

U.S. POST OFFICE DELAYED



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

Table with SEC USE ONLY, Prefix, Serial, and DATE RECEIVED fields.

Name of Offering (Series A Convertible Preferred Stock), Filing Under (Rule 504, 505, 506, Section 4(6)), Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer. Name of Issuer (HumanConnect Corporation), Address of Executive Offices, Telephone Number, Address of Principal Business Operations, Telephone Number, Brief Description of Business



PROCESSED

Delivering customer care outsourcing through a home-based workforce. Type of Business Organization (corporation, business trust, limited partnership)

MAR 05 2002

Actual or Estimated Date of Incorporation or Organization (Month 1, Year 0), Jurisdiction of Incorporation or Organization (GA)

THOMSON FINANCIAL

1167856

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where To File, Copies Required, Information Required, Filing Fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities...

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.

Potential persons who are to 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.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Siegal, Adam

Business or Residence Address (Number and Street, City, State, Zip Code)

3645 Warrensville Center Road, Shaker Heights, Ohio 44122

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Siegal, Norman

Business or Residence Address (Number and Street, City, State, Zip Code)

800 Superior Avenue, Cleveland, Ohio 44114

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Renwick, Glenn

Business or Residence Address (Number and Street, City, State, Zip Code)

6300 Wilson Mills Road, Location N300, Mayfield Village, Ohio 44143

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Kollipara, Venkata

Business or Residence Address (Number and Street, City, State, Zip Code)

4852 Greenbrier Drive, Girard, Ohio 44420

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Siegal, Joel

Business or Residence Address (Number and Street, City, State, Zip Code)

4100 Cambridge Court, Orange, Ohio 44122

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Siegal, Tami

Business or Residence Address (Number and Street, City, State, Zip Code)

4100 Cambridge Court, Orange, Ohio 44122

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Parnitzke, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)

170 Almont Drive, Clemmons, North Carolina 27012

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: 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)

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 and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity.....	\$ 1,500,000	\$ 993,499
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify _____).....	\$ 0	\$ 0
Total	\$ 1,500,000	\$ 993,499

Answer also in Appendix, Column 3, if filing under ULOE

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".

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	18	\$ 993,499
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE

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.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	_____	\$ N/A
Regulation A	_____	\$ N/A
Rule 504.....	_____	\$ N/A
Total		\$ N/A

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	<input type="checkbox"/>	\$ N/A
Printing and Engraving Costs.....	<input type="checkbox"/>	\$ N/A
Legal Fees	<input checked="" type="checkbox"/>	\$ 30,000
Accounting Fees.....	<input type="checkbox"/>	\$ N/A
Engineering Fees.....	<input type="checkbox"/>	\$ N/A
Sales Commissions (Specify finder's fees separately).....	<input type="checkbox"/>	\$ N/A
Other Expenses (identify).....	<input type="checkbox"/>	\$ N/A
Total	<input checked="" type="checkbox"/>	\$ 30,000