FORM D



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

OMB APPROVAL

1097148

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DE

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

\ 155 /s

SEC USE ONLY

DATE RECEIVED

	amicsoft Inc. Under (Check box(es) that apply):					
Name of Offering (□	check if this is an amendment a	nd name has o	changed, and	indicate chang	je:/	
dynamicsoft Inc.						
Filing Under (Check box(es) that	apply): Rule	504 □ Ru	le 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New	Filing					
	A. BA	SIC IDENT	IFICATIO	N DATA		
1. Enter the information requeste	d about the issuer.					
Name of Issuer (check if this is an amendment a	and name has	changed, and	d indicate chan	ge.)	
Name of Offering (check if this is an amendment and name has changed, and indicate change?) dynamicsoft Inc. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer. Name of Issuer (check if this is an amendment and name has changed, and indicate change.) dynamicsoft Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 600 Lanidex Plaza, Parsippany, NJ 07054 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above Brief Description of Business Software development Type of Business Organization:						
,		Zip Code)			•	,
600 Lanidex Plaza, Parsip	pany, NJ 07054	-			973-9	52-5000
Address of Principal Business Op	erations (Number and Street, C	ity, State, Zip		Telephone Number (Incl	uding Area Code)	
(if different from Executive Office	s) same as above					
Brief Description of Business						DDOCESSED
Software development						
·						DEC 0 5 2003
						DEC 0.0 sees
	•	•		☐ othe	er (please specify):	m is a certain
☐ business trust	☐ limited partnership, to	be formed				- INGIANCIAL
						_
Actual or Estimated Data of Incore	porotion or Organization:				. ISI ∧ otuol	□ Estimated

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 Stated registered or certified mail to that address.

CN for Canada; FN for other foreign jurisdiction)

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

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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 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 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.

SEC 1972 (6-02)



		A. BASIC IDENTIF	ICATION DATA		
Each promoteEach beneficiof equity secu	al owner having the rities of the issuer;	issuer has been organi power to vote or dispos	e, or direct the vote or	disposition of,	10% or more of a class
partnership is	suers; and	r of corporate issuers at er of partnership issuer	, -	i and managir	ng partners of
Check Box(es) that App		☐ Beneficial Owner	⊠Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name t Geraty, Dan		ef Financial Officer			
Business or Residence 600 Lanidex Plaza, Pa			Zip Code)		
Check Box(es) that App	oly: Promoter	□Beneficial Owner	⊠Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name t Farley, Patrick		sident and Chief Exec	utive Officer		
Business or Residence 600 Lanidex Plaza, Pa			ip Code)		
Check Box(es) that App	oly: Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name to Rosenberg, Jonathan		ef Technology Officer			
Business or Residence 600 Lanidex Plaza, Pa			Zip Code)		
Check Box(es) that App	oly: Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name t Van der Meer, Roland	first, if individual)				
Business or Residence ComVentures, 305 Ly			Zip Code)		
Check Box(es) that Ap	ply: ☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name t	first, if individual)				
Business or Residence VantagePoint Venture					
Check Box(es) that App	oly: Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name t	first, if individual)				
Business or Residence UBS Capital Americas	•		Zip Code)	<u> </u>	
Check Box(es) that App	oly: Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name t	first, if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence St. Paul Venture Capit					

Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	☐ Executive Officer	☑ Director	□General and/or Managing Partner
Full Name (Last name first, Nelson, Jim	if individual)				
Business or Residence Add c/o dynamicsoft Inc., 600	,		'		
Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	☐ Executive Officer	☑ Director	□General and/or Managing Partner
Full Name (Last name first, Specht, Dennis	if individual)				
Business or Residence Add c/o dynamicsoft Inc., 600					
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	☐ Executive Officer	☑ Director	□General and/or Managing Partner
Full Name (Last name first, Zucco, Jim	if individual)				
Business or Residence Add dynamicsoft Inc., 600 Lan			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, Communications Venture	s III, L.P.				
Business or Residence Add 305 Lytton Avenue, Palo		and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, VantagePoint Venture Par					
Business or Residence Add 1001 Bayhill Drive, San B	Iress (Number a	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, UBS Capital Americas	if individual)				
Business or Residence Add 299 Park Avenue, New Yo	,	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	□Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, St. Paul Venture Capital V	,				
Business or Residence Add 1700 West Park Drive, We	,		Zip Code)		

ý					B. IN	FORMAT	ION ABO	UT OFF	ERING				
												Yes	No
1.	Has the i	ssuer so	ld, or do	es the iss	suer inten	d to sell, to	non-accr	edited inve	estors in th	nis offering	!?		\boxtimes
			A	Answer al	so in App	endix, Col	umn 2, if fi	ling under	ULOE.				
2.	What is t	he minim	num inve	stment th	nat will be	accepted	from any i	ndividual?				\$ <u>N/</u>	<u> </u>
												Yes	No
3.	Does the offering permit joint ownership of a single unit?									X			
4.	commission of a person state or st	on or simi n to be list ates, list t	lar remur ted is an the name	eration fo associated of the bro	r solicitatio d person oi ker or deal	n of purcha agent of a	sers in coni broker or o than five (5	nection with dealer regis b) persons t	sales of se tered with to be listed a	ecurities in t he SEC and	he offering.		
Full	Name (La	st name	first, if in	ndividual)	Not app	licable.							
Busi	ness or R	Residence	e Addres	s (Numb	er and Sti	reet, City,	State, Zip	Code)					
Nam	e of Asso	ociated B	roker or	Dealer				· · · · · · · · · · · · · · · · · · ·	;; - -				
						tends to S	olicit Purc	hasers					
,					States) [CA]	[CO]				[FL]	[GA]	□ <i>A</i> [HI]	All States [ID]
[Al	_		[AZ]	[AR]		•	[CT]	[DE]	[DC]				
[iL		•	[IA]	[KS]	[[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]
[M.	-		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R			[SD]	[TN]	[TX] ————	[UT]	[VT]	[VA] 	[WA] ————	[WV]	[WI] 	[WY]	[PR]
Full	Name (La	ast name	first, if ir	ndividual)									
Busi	ness or R	Residence	e Addres	s (Numb	er and Str	reet, City,	State, Zip	Code)			-		
Nam	e of Asso	ciated B	roker or	Dealer								_	
						tends to S	olicit Purc	hasers				_	
•	ck "All St				,								All States [ID]
[Al		_	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[1]			[IA]	[KS]	[[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]
[M]			[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R			SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI] 	[WY]	[PR]
Full	Name (La	ast name	first, if in	ndividual)									
Busi	ness or R	Residence	e Addres	s (Numb	er and Sti	reet, City, S	State, Zip	Code)					
Nam	e of Asso	ociated B	roker or	Dealer									
						tends to S	olicit Purc	hasers					
(Che			check in [AZ]	dividual ([AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	⊔ <i>F</i> [HI]	All States [ID]
[1]			[IA]	[KS]	[[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M			[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	-		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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 columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Pri		Am	ount Already Sold
	Debt	\$	0		\$_0	
	Equity (*Includes Common Stock, Series E Preferred Stock and Contingent Warrants to Purchase Series E Preferred Stock)	\$	7,850,627		\$ 7 —	7,850,627
	☐ Common ☐ Preferred Convertible Securities (including warrants)	¢	0		\$ 0	•
	Partnership Interests	\$ \$	0		\$ 0	
	Other (limited liability company membership interests)	\$ \$	0		\$ 0	
	Total	\$	7,850,627		\$ 7	,850,627
	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			regate Dollar Amount Purchases
	Accredited Investors		6		\$_7	7,850,627
	Non-accredited Investors		0		\$_0	
	Total (for filings under Rule 504 only)		N/A		\$ <u> </u> 1	N/A
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	Do	llar A	Amount Sold
	Rule 505	_	N/A	- \$		I/A
	Regulation A	_	N/A	_ \$		I/A
	Rule 504	_	N/A	- \$		I/A
	Total	-	N/A	- \$		I/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			\$	_	0
	Printing and Engraving Costs			\$		0
	Legal Fees		\boxtimes	\$		260,000
	Accounting Fees			\$	_	0
	Engineering Fees			\$		0
	Sales Commissions (specify finders' fees separately)			\$	_	0
	Other Expenses (identify) State Securities Law Filing Fees		X	\$		350
	Total		IXI	\$		260,350

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

C. OFFERING PRICE, NUMBER	OF INVESTO	₹S,	EXF	ENSES AND US	E O	PROCEEDS
 Enter the difference between the aggregate offer Question 1 and total expenses furnished in responsible the "adjusted gross proceeds to the issuer." 	onse to Part C -	Qu	estio	n 4.a. This differen		\$ <u>7,590,277</u>
 Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any p the box to the left of the estimate. The total of the pa proceeds to the issuer set forth in response to Part C 	urpose is not know yments listed mus	n, fi Leqi	urnish ual th	n an estimate and che		
				Payments to Officers Directors, & Affiliates		Payments to Others
Salaries and fees	•••••		\$_	0		\$0
Purchase of real estate	••••••		\$_	0		\$0
Purchase, rental or leasing and installation of machinery and equ	ipment		\$_	0		\$ <u>0</u>
Construction or leasing of plant buildings and facilities	••••••		\$_	0		\$0
Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	of another		\$_	0		\$0
Repayment of indebtedness	•••		\$	0		\$ 0
Working capital Other (specify)			\$_	0	X	\$ 7,590,277
			\$	0		\$0
Column Totals		□.	\$_	0	$\overline{\mathbf{x}}$	\$7,590,277
Total Payments Listed (column totals added)				፟ \$	7,5	590,277
D.	FEDERAL SIG	N/	TUI	RE		
The issuer has duly caused this notice to be signed by 505, the following signature constitutes an undertaking upon written request of its staff, the information furnish (b)(2) of Rule 502.	by the issuer to	fur	nish	to the U.S. Securitie	es an	d Exchange Commission
Issuer (Print or Type)	Signature					Date
dynamicsoft Inc.	W	/				11/21/03
Name of Signer (Print or Type)	Fitle of Signer (Pi	int	or Ty	p e)		/ /
Dan Geraty (Chief Financial	<u>Offi</u>	cer			
Intentional misstatements or omissions of fac	ATTENTIC		ا ديا	minal violations	1900	18 II S C 1001 \

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of Yes No such rule?							
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its half by the undersigned duly authorized person.							
I	ssuer (Print or Type) Signature Date							
c	dynamicsoft Inc.							
1	Name of Signer (Print or Type) Title of Signer (Print or Type)							

Chief Financial Officer

Instruction:

Dan Geraty

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend non-ac investor	to sell to credited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-	vestor and pased in State	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1		
State	Yes	No	Common Stock, Preferred Stock and Contingent Warrants to Purchase Preferred Stock	Number of Accredited	Amount	Number of Non-Accredited	Amount	Yes	No
	103	110		III V CS LOI S	Anount	iiivesters	Amount	103	
AL AK					<u> </u>				_
AZ				<u> </u>	<u> </u>				
AR									
CA		\boxtimes	\$7,850,627	2	\$84,462	0	\$0		
СО									
СТ									
DE									
DC									
FL						·			
GA									
н									
ID						<u></u>			
IL				·-					
IN	,								
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI						<u> </u>			
MN		X	\$7,850,627	1	\$6,392,187	0	\$0		X
MS									
MO									

APPENDIX

1	Type of security Intend to sell to and aggregate non-accredited investors in State (Part B-Item 1) Type of security and aggregate Type of investor and amount purchased in State (Part C-Item 1) (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
МТ									
NE									
NV									
NH									
NJ		X	\$7,850,627	2	\$1,369,755	0	\$0	V- 14 P	×
NM								***************************************	
NY									
NC									
ND									
ОН							<u>-</u>		
ок									
OR									
PA									
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SD									
TN									
TX									
UT									
VT		!		· · · · · · · · · · · · · · · · · · ·					
VA		···							
WA									
wv				·					
WI									
WY									
PR									