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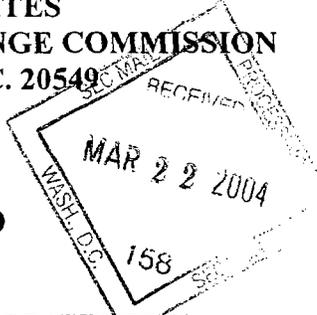
SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 state exemption unless such exemption is predicated on the filing of a federal notice.

01284667

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

OMB APPROVAL table with fields: OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response... 1



FORM D



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

SEC USE ONLY table with fields: Prefix, Serial, DATE RECEIVED

Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.) CorporateGifts.com, Inc. and The Robbins Company issuance of Convertible Promissory Notes and Warrants

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULOE

Type of Filing: [X] New Filing [ ] Amendment

PROCESSED

MAR 24 2004

A. BASIC IDENTIFICATION DATA

THOMSON FINANCIAL

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.) CorporateGifts.com, Inc. ("CorporateGifts") and The Robbins Company ("Robbins")

1

2

Handwritten signature



*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 in the notice constitutes a part of this notice and must be completed.

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**A. BASIC IDENTIFICATION DATA**

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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.

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Todhunter, David W.

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Staake, Hank

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

---

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

\*For Robbins

---

Full Name (Last name first, if individual)  
Viveiros, Joseph

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Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

---

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

\*For Robbins

---

Full Name (Last name first, if individual)  
Sylvestre, Matthew

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Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

---

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

\*For Robbins

---

Full Name (Last name first, if individual)  
Hebert, Kimberly A.

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Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

---

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

\*For Robbins

---

Full Name (Last name first, if individual)  
Rogers, Charles P.

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Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

---

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)

Menchaca, Anthony

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
101 Merrit 7, Norwalk, CT 06851

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Yates, Timothy

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Business or Residence Address (Number and Street, City, State, Zip Code)  
One Dock Street, Suite 400, Stamford, CT 06902

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Palmer, Bradley

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
1 Greenwich Office Park, Building 1 South, 3<sup>rd</sup> Floor, Greenwich, CT, 06831

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Puchala, Alfred

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902

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

\*For both CorporateGifts and Robbins

---

Full Name (Last name first, if individual)  
Nussbaum, Peter

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902

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

Partner

\*For both CorporateGifts and Robbins

Full Name (Last name first, if individual)

Tobeaon, Peter

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

c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902

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

\*For both CorporateGifts and Robbins

Full Name (Last name first, if individual)

Bradley, Tim

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

c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902]

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

\*For both CorporateGifts and Robbins

Full Name (Last name first, if individual)

Lake, Charles

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

c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902

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

\*For CorporateGifts

Full Name (Last name first, if individual)

S.A.C. Capital Associates, LLC  
c/o S.A.C. Capital Advisors, LLC  
72 Cummings Point Road, Stamford, CT 06902

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

\*For CorporateGifts

Full Name (Last name first, if individual)

eCom Partners Fund I LLC  
101 Merrit 7, Norwalk, CT 06851

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

\*For Corporate Gifts

Full Name (Last name first, if individual)  
Dock Street #5

Business or Residence Address (Number and Street, City, State, Zip Code)  
One Dock Street, Suite 400, Stamford, CT 06902

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

\*For Corporate Gifts

Full Name (Last name first, if individual)  
Palm Ventures, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)  
1 Greenwich Office Park, Building 1 South, 3<sup>rd</sup> Floor, Greenwich, CT, 06831

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

\*For Robbins

Full Name (Last name first, if individual)  
CorporateGifts.com, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)  
400 O'Neil Blvd., Attleboro, MA 02703

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

### B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[ ] [X]  
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$ 1 \_\_\_\_\_
3. Does the offering permit joint ownership of a single unit?..... Yes No  
[ ] [X]
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 purchasers 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.

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Full Name (Last name first, if individual)

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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 States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

---

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 States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

---

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 States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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

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

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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 Price	Amount Already Sold
Debt .....	\$ 0	\$ 0
Equity .....	\$ 0	\$ 0
[ ] Common [ ] Preferred		
Convertible Securities (including warrants) .....	\$ \$525,000*	\$ \$525,000*
Partnership Interests .....	\$	\$
Other (Specify _____).	\$	\$
Total .....	\$ \$525,000	\$ \$525,000

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

\* Such convertible notes are joint and several obligations of Robbins and CorporateGifts.

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 .....	8	\$ \$525,000
Non-accredited Investors .....		\$
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, 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 .....		\$
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 .....	<input checked="" type="checkbox"/> \$ 25,000
Accounting Fees .....	<input type="checkbox"/> \$ 0
Engineering Fees .....	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/> \$ 0
Other Expenses (identify): Legal fees of Investor's counsel.....	<input type="checkbox"/> \$ 25,000
Total .....	<input checked="" type="checkbox"/> \$ 50,000

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." ..... \$450,000

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	Payments To Others
Salaries and fees .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase of real estate .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Repayment of indebtedness .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 0
Working capital .....	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$450,000
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Payments Listed (column totals added) .....	<input type="checkbox"/> \$450,000	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
CorporateGifts.com, Inc.		3/16/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
David W. Todhunter	President	
Issuer (Print or Type)	Signature	Date
The Robbins Company		3/16/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
David W. Todhunter	President	

<p><b>ATTENTION</b></p> <p><b>Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)</b></p>
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**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No  
[ ] [X]

.....  
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.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.





VA									
WA									
WV									
WI									
WY									
PR									

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