

## FORM D

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

## FORM D

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



04043094

| SEC Use Only  |        |
|---------------|--------|
| Prefix        | Serial |
| DATE RECEIVED |        |

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)

Crown Financial Group, Inc.

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType 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.)

Crown Financial Group, Inc.

Address of Executive Offices (Number of Street, City, State, Zip Code)

525 Washington Boulevard, Jersey City, NJ 07310

Telephone number (including area code)

(201) 459-9500

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 Securities Broker-Dealer

Type of Business Organization

☒ corporation☐ limited partnership, already formed☐ other (please specify):☐ business trust☐ limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:

Month

Year

12

66

☒ Actual ☐ Estimated

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

CN for Canada; FN for other foreign jurisdiction)

N J

## 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 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 state will not result in 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 upon 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.

SEC 1972(2-97)

## 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 issues.

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

Full Name (Last name first, if individual)

**John P. Leighton**

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

**\* see below**

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

Full Name (Last name first, if individual)

**Charles B. Kennedy III (1)**

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

**\* see below**

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

Full Name (Last name first, if individual)

**Jeffrey M. Hoobler**

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

**\* see below**

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

Full Name (Last name first, if individual)

**Susan S. Ciallella (2)**

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

**\* see below**

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

Full Name (Last name first, if individual)

**Alfred T. Duncan**

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

**\* see below**

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

Full Name (Last name first, if individual)

**Henry Y. L. Toh (3)**

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

**\* see below**

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

**\*All addresses are c/o: Crown Financial Group, Inc., 525 Washington Boulevard, Jersey City, NJ 07310.**

**(1) Mr. Kennedy is the Interim Chief Executive Officer and President of the Company since March 2004.**

**(2) Joined the Board of Directors in April 2004.**

**(3) Joined the Board of Directors in March 2004.**

### A. BASIC IDENTIFICATION DATA (continued)

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 issues.

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

Full Name (Last name first, if individual)

**Andrew Wimpfheimer (4)**

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

**\* see above**

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

Full Name (Last name first, if individual)

**Donald Shek (5)**

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

**\* see above**

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

Full Name (Last name first, if individual)

**Robert I. Turner (6)**

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

**\*see above**

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

Full Name (Last name first, if individual)

**Michael Dorsey (7)**

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

**\*see above**

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

Full Name (Last name first, if individual)

**Robert S. Thornton (8)**

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

**\*see above**

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

Full Name (Last name first, if individual)

**Bertram Siegel (9)**

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

**\*see above**

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

- (4) **Joined the Board of Directors in October 2003.**
- (5) **Joined the Board of Directors in June 2004.**
- (6) **Served on the Board of Directors from May 2003 to March 2004 and as an executive officer from September 2003 to March 2004.**
- (7) **Served as a member of the Board of Directors from January 2003 to August 2003 and as an executive officer through March 2004.**
- (8) **Mr. Thornton is Chief Financial Officer of the Company since March 2004.**
- (9) **Resigned as a member of the Board of Directors in May 2003.**

**Addendum**  
**to**  
**Basic Identification Data**  
**(Continued, p. 3 of 3)**

| <b><u>Name</u></b>        | <b><u>Position Held and Tenure</u></b>                                                                                                   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mark Goldsmith</b>     | Former executive officer (Chief Financial Officer and Treasurer) of the Company; resigned in or about September 2003                     |
| <b>Martin H. Meyerson</b> | Former director of the Company; resigned as a director of the Company in or about April 2003                                             |
| <b>Patricia Meading</b>   | Former director of the Company; resigned in or about February 2003                                                                       |
| <b>Anthony Dudzinski</b>  | Former director and executive officer of the Company; resigned as a director in February 2003 and as an executive officer in March 2003. |
| <b>Kenneth Koock</b>      | Former director of the Company; resigned in or about March 2003                                                                          |
| <b>Jeffrey Meyerson</b>   | Former director of the Company; resigned in or about August 2003                                                                         |
| <b>Martin Leventhal</b>   | Former director of the Company; resigned in or about March 2004                                                                          |
| <b>Robert Slezak</b>      | Former director of the Company from November 2003 to April 2004                                                                          |
| <b>Timothy Demarest</b>   | Joined the Company as an executive officer (Executive Vice President and Chief Technology Officer) in February 2004.                     |

**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 ☒  
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$ Yes ☐ No ☒
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 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 broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

None

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] |

(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 the 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.....                                                                     | \$ _____                 | \$ _____            |
| Equity.....                                                                   | \$110,000                | \$110,000           |
| <input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred |                          |                     |
| Convertible Securities (including warrants).....                              | 5,000 warrants           | \$ _____            |
| Partnership Interests.....                                                    | \$ _____                 | \$ _____            |
| Other (Specify _____).....                                                    | \$ _____                 | \$ _____            |
| Total.....                                                                    | \$110,000                | \$110,000           |

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 the answer is "none" or "zero."

|                                              | Number Investors | Aggregate Dollar Amount of Purchases |
|----------------------------------------------|------------------|--------------------------------------|
| Accredited Investors.....                    | 1                | \$110,000                            |
| Non-accredited Investors.....                | 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. Not applicable

| 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 expenditures is not known, furnish an estimate and check the box to the left of the estimate.

|                                                          |                          |      |
|----------------------------------------------------------|--------------------------|------|
| Transfer Agent's Fees.....                               | <input type="checkbox"/> | \$ 0 |
| Printing and Engraving Costs.....                        | <input type="checkbox"/> | \$ 0 |
| Legal Fees.....                                          | <input type="checkbox"/> | \$ 0 |
| Accounting Fees.....                                     | <input type="checkbox"/> | \$ 0 |
| Engineering Fees.....                                    | <input type="checkbox"/> | \$ 0 |
| Sales Commission (specify finders' fees separately)..... | <input type="checkbox"/> | \$ 0 |
| Other Expenses (identify) _____                          | <input type="checkbox"/> | \$ 0 |
| Total.....                                               | <input type="checkbox"/> | \$ 0 |

---

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

---

|    |                                                                                                                                                                                                                                       |           |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 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." | \$110,000 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|

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 payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

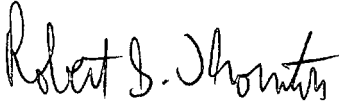
|                                                                                                                                                                                                     | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments To<br>Others                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| Salaries and fees.....                                                                                                                                                                              | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| Purchase of real estate.....                                                                                                                                                                        | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| Purchase, rental, or leasing and installation of machinery and equipment.....                                                                                                                       | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| Construction or leasing of plant buildings and facilities.....                                                                                                                                      | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| 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"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| Repayment of indebtedness.....                                                                                                                                                                      | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____             |
| Working capital.....                                                                                                                                                                                | <input type="checkbox"/> \$ _____                     | <input checked="" type="checkbox"/> \$110,000 |
| 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 checked="" type="checkbox"/> \$ _____  |
| Total Payments Listed (column totals added).....                                                                                                                                                    | <input checked="" type="checkbox"/> \$110,000         |                                               |

---

### 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)<br>Crown Financial Group, Inc. | Signature<br> | Date<br>9/13/04 |
| Name of Signer (print or type)<br>Robert S. Thornton  | Title of Signer (print or type)<br>Chief Financial Officer                                        |                 |

---

ATTENTION

---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

---

---

## E. STATE SIGNATURE

---

1. Is any party described in 17 CFR 230.252(c), (d), (e), or (f) presently subject to any of the disqualification provisions of such rule?..... Yes ☐ No ☒

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrators of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such time 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 information and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized persons.

|                                |                                                                                    |         |
|--------------------------------|------------------------------------------------------------------------------------|---------|
| Issuer (print or type)         | Signature                                                                          | Date    |
| Crown Financial Group, Inc.    |  | 9/13/04 |
| Name of Signer (print or type) | Title of Signer (print or type)                                                    |         |
| Robert S. Thornton             | Chief Financial Officer                                                            |         |

*Instruction:*

Print the name and title of the signing representative under this 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<br>State | 2<br>Intend to sell<br>to non-accredited<br>investors in State<br>(Part B-Item 1) |    | 3<br>Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | 4<br>Type of investor and<br>Amount purchased in State<br>(Part C-Item 2) |           |                                          |        | 5<br>Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted<br>(Part E-Item 1) |    |
|------------|-----------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------|------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|----|
|            | Yes                                                                               | No |                                                                                                 | Number of<br>Accredited<br>Investors                                      | Amount    | Number of<br>Non-Accredited<br>Investors | Amount | Yes                                                                                                                 | No |
| AL         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| AK         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| AZ         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| AR         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| CA         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| CO         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| CT         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| DE         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| DC         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| FL         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| GA         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| HI         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| ID         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| IL         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| IN         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| IA         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| KS         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| KY         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| LA         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| ME         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| MD         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| MA         |                                                                                   | √  | Common Stock,<br>\$2.20 per share,<br>\$110,000<br>aggregate                                    | 1                                                                         | \$110,000 | -0-                                      | ---    | ---                                                                                                                 | X  |
| MI         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| MN         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| MS         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |
| MO         |                                                                                   |    |                                                                                                 |                                                                           |           |                                          |        |                                                                                                                     |    |

# APPENDIX

| 1     | 2<br>Intend to sell<br>to non-accredited<br>investors in State<br>(Part B-Item 1) |    | 3<br>Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | 4<br>Type of investor and<br>Amount purchased in State<br>(Part C-Item 2) |        |                                          |        | 5<br>Disqualification under<br>State ULOE (if yes,<br>attach explanation of<br>waiver granted (Part<br>E-Item 1) |    |
|-------|-----------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------|------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|----|
| State | Yes                                                                               | No |                                                                                                 | Number of<br>Accredited<br>Investors                                      | Amount | Number of<br>Non-Accredited<br>Investors | Amount | Yes                                                                                                              | No |
| 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    |                                                                                   |    |                                                                                                 |                                                                           |        |                                          |        |                                                                                                                  |    |