# FORM D

UNITED STATES

## SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

OMB APPROVAL
OMB NUMBER: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response .......... 16.00

NOTICE OF SALE OF SECURITIES	SE	C USE ONLY	
PURSUANT TO REGULATION D,	Prefix	Serial	
SECTION 4(6), AND/OR	DA	TE RECEIVED	-
UNIFORM LIMITED OFFERING EXEMPTION			

Name of Offering (☐ check if this is an am SERIES D CONVERTIBLE PREFERRED		nanged, and indica	e change.)	A	272830
Filing Under (Check box(es) that apply):		Rule 505	☑ Rule 506	☐ Section 4(6)	
Type of Filing:	⊠Amendment				・パンところにし
- <del> </del>	A.	BASIC IDENTII	FICATION DATA		1 (DEC 1 =
1. Enter the information requested about the	e issuer				10 PC 12 5004
Name of Issuer ( check if this is an amend	lment and name has chan	ged, and indicate o	hange.)		Tr sens
VONAGE HOLDINGS CORP.					THOMSON FINANCIAL
Address of Executive Offices					Telephone Number (Including Area Code)
2147 State Route 27, Edison, NJ 08817			mber and Street, City,		(732) 528-2600
Address of Principal Business Operations		(Nu	nber and Street, City,	State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business					
Internet communications					TWED WATER
Type of Business Organization					<del></del>
⊠ corporation	☐ limited partnership, a	already formed	□ othe	(please specify):	
☐ business trust	☐ limited partnership, t	•	_ = ====	(preuse speerzy).	
Month Year  Actual or Estimated Date of Incorporation or Organization: 05 00 ☑ 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)  DE					

### **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. Amendment needs 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 aclssuer 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.

## A. BASIC IDENTIFICATION DATA 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. ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter □Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

2

☐ Executive Officer

☐ General and/or

Managing Partner

□Director

☐ Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

☐ Promoter

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

Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				

					B.: IN	NFORMATI	ON ABOU	T OFFERI	NG	<u>Barrane</u>			A Commence
1.	Has the iss	suer sold o	or does the ic	suer intend t	o sell to no	n-accredited	investors in	his offering	)			Yes	No
1.	1145 UIC 188	ouci soiu, 0	n does the is								•••••	,.	J
						in Appendix							
2.	What is the	e minimum	n investment	that will be	accepted fro	om any indivi	idual?		***************************************	••••••••	******************	\$	
2	Deer de	CCanier		manahir - C -	منسمام سنم							Yes	No
3.													
4.	for solicita or dealer re	ition of pur egistered w	chasers in co with the SEC	onnection wi and/or with	th sales of s a state or sta	been or will to ecurities in the ates, list the rate of the information of the informatio	he offering. name of the b	If a person to proker or dea	be listed is ler. If more	an associate than five (5)	d person or	agent of a b	roker
Full Nam	e (Last name				· · · · · · · · · · · · · · · · · · ·					<u> </u>		·	
Business	or Residence	e Address (	(Number and	d Street, City	, State, Zip	Code)							
Name of	Associated E	Broker or D	Dealer										
Ctatas in 1	Which Dec	m Tiotal TT	lon Calinite 3	Into 3- +-	Calial+ D	-honor							
				or Intends to		enasers						_	
(Check '	'All States" [AL]	or check in [AK]	ndividual Sta [AZ]	ites) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ All S [HI]	States [ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nam	e (Last name	e first, if in	dividual)			<u>-</u>							
Business	or Residence	e Address (	(Number and	l Street, City	, State, Zip	Code)							
Name - C	X	)l	No. 1					-					
iname of .	Associated E	stoker of L	Jealer .										
States in '	Which Perso	n Listed H	as Solicited	or Intends to	Solicit Pur	chasers							·
												<b>—</b> ~	14. 4
(Check '	'All States'' [AL]	or check in [AK]	ndividual Sta [AZ]	ites) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ Ali S [HI]	States [ID]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
F 43.	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	e fīrst, if in	dividual)										
Rusinasa	or Resident	a Address (	(Number or	1 Street, City	State 7:-	Code)	<del></del>						
Dusiliess	or residence	c Addiess (	(14umoer and	i Succi, Cily	, state, Lip	Code							
Name of	Associated I	Broker or F	Dealer			<del></del>	<del></del>	<u> </u>				<del> </del>	
States in	Which Perso	n Listed H	las Solicited	or Intends to	Solicit Pur	chasers			····		<del></del>		
(Check	"All States"	or check in	rdividual S+a	ites)									States
(CHECK	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT]	[IN] [NE]	[NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (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 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 \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt..... Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ 105,000,000 \$105,000,000 Partnership Interests Other (Specify \_\_\_\_\_\_) ..... 0 Total ..... \$ 105,000,000 \$ 105,000,000 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 answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$ 105,000,000 Accredited Investors 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, 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 Dollar Amount Security Sold Type of offering Rule 505 Regulation A Rule 504 Total ..... 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	\$	_
Printing and Engraving Costs	\$	
Legal Fees	\$ <u>150,000</u>	
Accounting Fees	\$ <u> </u>	
Engineering Fees	\$	
Sales Commissions (specify finders' fees separately)	\$	_
Other Expenses (identify)	\$	
Total	\$ <u>150,000</u>	_

		R OF INVESTORS, EXPENSES AND USE OF PROC	EEDS	المساولتين المساولتين
	<ul> <li>b. Enter the difference between the aggregate offering pricexpenses furnished in response to Part C — Question 4.a. issuer."</li> </ul>	This difference is the "adjusted gross proceeds to the		
				\$ <u>104,850,000</u>
5.	Indicate below the amount of the adjusted gross proceeds to purposes shown. If the amount for any purpose is not know the estimate. The total of the payments listed must equal response to Part C — Question 4.b above.	vn, furnish an estimate and check the box to the left of		
			Payments to	
			Officers,	
			Directors, & Affiliates	Payments To Others
	Salaries and fees		□ <b>\$</b>	□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of machinery and	equipment	□ \$	□ \$
	Construction or leasing of plant buildings and facilities		□ \$	□ \$
	Acquisition of other businesses (including the value of securi exchange for the assets or securities of another issuer pursuan			
			□ \$	□ \$
	Repayment of indebtedness		<b></b> \$	□ \$
	Working capital		X	□ \$
			\$ <u>104,850,000</u>	
	Other (specify):		□ \$	□ \$
			<b>□</b> \$	□ \$
	Column Totals		×	□ \$
			\$ <u>104,850,000</u>	
	Total Payments Listed (column totals added)		⊠ \$ <u>10</u>	4,850,000
7.47		D. FEDERAL SIGNATURE		
				<u> </u>
ınderta	uer has duly caused this notice to be signed by the undersigned king by the issuer to furnish to the U.S. Securities and Exchang ted investor pursuant to paragraph (b)(2) of Rule 502.			
ssuer (	Print or Type) S	Signature /	Date	······································
bouci (	1.1.1.0.1.7500	Told of App. M. March	7	Dec 04
	GE HOLDINGS CORP.	1- July I V July	/ ^	11004
Name o	f Signer (Print or Type)	itle of Signer (Print or Type)		
Robins	on Markel S	Secretary		

**ATTENTION** 

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

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of 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.
The issu	er 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.

Name (Print or Type)	Title (Print or Type)
Robinson Markel	Secretary

## Instruction:

Issuer (Print or Type)

VONAGE HOLDINGS CORP.

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.