### **FORM D**

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

FORM D



05001293

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

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per repor	vnco 1					

SEC USE ONLY								
Prefix	]	Serial						
DAT	E RECEIV	ED						

Name of Offering (☐ check if the	is is an amendment and name has changed	, and indicate change.)	
Evident Technologies, Inc. S	eries C Convertible Preferred Stock	Offering	
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 ☒ R	ule 506	□ULOE
Type of Filing:	☐ Amendment		- Tarrows
	A. BASIC IDENTIFICATI	ON DATA	
1. Enter the information requested	l about the issuer		10 2000
Name of Issuer ( check if this	is an amendment and name has changed, a	nd indicate change.)	10 1000
Evident Technologies, Inc.			brown in
Address of Executive Offices 216 River Street, Suite 200, 7	(Number and Street, City, State, 2 Troy, New York 12180	Zip Code) Telephone Num (518) 273-626	
Address of Principal Business Op (if different from Executive Offic	erations (Number and Street, City, State, ses)  Same as above	Zip Code) Telephone Num Same as above	
Brief Description of Business An advanced materials compariety of products across m	pany focused on commercializing proultiple markets.	oprietary nanocrystal	technology in a wide
Type of Business Organization  ⊠ corporation	☐ limited partnership, already formed	other (pleas	RECEIVED CE
☐ business trust	☐ limited partnership, to be formed	□ other (picas	Se specify). JAN 7 9 2000
Actual or Estimated Date of Incor Jurisdiction of Incorporation or O	Month 0 8  poration or Organization: rganization: (Enter two-letter U.S. Postal S CN for Canada; FN for other	Service abbreviation for St	□ Estimated 185 section

#### **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 states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8

A. BASIC	IDENTIFICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been o	rganized within the past five year	rs;	
<ul> <li>Each beneficial owner having the power to vote or d securities of the issuer;</li> </ul>	ispose, or direct the vote or dispo	sition of, 10% o	or more of a class of equity
Each executive officer and director of corporate issue.	rs and of corporate general and ma	inaging partners	of partnership issuers; and
• Each general and managing partner of partnership is	ssuers.		
Check Box(es) that Apply: ⊠ Promoter ⊠ Beneficial	Owner	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		<u> </u>	
Ballinger, Clinton T.			
Business or Residence Address (Number and Street, City, S	State, Zip Code)		
c/o Evident Technologies, Inc., 216 River Street, S	uite 200, Troy, New York 12	180	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner ⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			- '
Williams, George M.			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
c/o Evident Technologies, Inc., 216 River Street, S	uite 200, Troy, New York 12	2180	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
DeVincenzo, Michael			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
c/o Evident Technologies, Inc., 216 River Street, S	uite 200, Troy, New York 12	2180	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner   Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
LoCascio, Michael		11	
Business or Residence Address (Number and Street, City,	State, Zip Code)		
c/o Evident Technologies, Inc., 216 River Street, S	uite 200, Troy, New York 12	2180	
Check Box(es) that Apply:  Promoter Beneficial	Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Talbot, Steven			
Business or Residence Address (Number and Street, City,	· • ·		
c/o Evident Technologies, Inc., 216 River Street, S		2180	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		The second secon	
Barr, Wayne, Jr.	We have the second of the seco		·
Business or Residence Address (Number and Street, City,	State, Zip Code)		
c/o Capital & Technology Advisors LLC, 18 Corpo	rate Woods Blvd., 3rd Fl., A	lbany, NY 122	211
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Cavalier, John C.			
Business or Residence Address (Number and Street, City, S	State, Zip Code)		
c/o Mapinfo Corporation, One Global View, Troy, I	NY 12180		

3. Enter the information requested for the	following:			
• Each promoter of the issuer, if the is	suer has been organized	within the past five year	rs;	
<ul> <li>Each beneficial owner having the po securities of the issuer;</li> </ul>	wer to vote or dispose, o	r direct the vote or dispo	sition of, 10%	or more of a class of equity
Each executive officer and director of	f corporate issuers and of	corporate general and ma	naging partners	s of partnership issuers; and
• Each general and managing partner	_			-
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Tromoter	Denencial Owner	_ Lincount officer	2 Director	Managing Partner
Full Name (Last name first, if individual)			<del></del>	
Opalka, Chester				
Business or Residence Address (Number ar	nd Street, City, State, Zip	Code)		
6 Heather Ridge, Averill Park, NY 12	018	······		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			7 × + 1 × ×	
Robb, Walter, L., Ph.D.				
Business or Residence Address (Number ar	nd Street, City, State, Zip	Code)		
c/o Vantage Management, Inc., 3000	Troy-Schenectady R	d., Schenectady, NY	12309	
Check Box(es) that Apply:	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Landry, Daniel T.				
Business or Residence Address (Number ar	nd Street, City, State, Zip	Code)		
11 Woods Way, Clifton Park, NY 120	65		. —	
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Dove Interests LLC				
Business or Residence Address (Number ar	nd Street, City, State, Zip	Code)		
63 Old Niskayuna Rd., Loudonville, N	IY 12211			
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 ar	nd 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 ar	nd Street, City, State, Zir	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 an	nd Street, City, State, Zip	Code)		
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A. BASIC IDENTIFICATION DATA

				7 4 4	B. INI	ORMAI	IOI	N ABO	UT OFF	ERING					
				_										Yes	
1. F	tas the	issuer so	ld, or does			-					_	••••••			$\boxtimes$
										ig under U					
2. V	What is	the mini	mum inve	stment tha	t will be a	ccepted fi	rom	any in	dividual?.	• • • • • • • • • • • • • • • • • • • •				\$_N/A Yes	
3. I	3. Does the offering permit joint ownership of a single unit?								$\boxtimes$						
4. E	Enter th	e informa	tion reques	sted for eac	h person	who has b	een o	or will	be paid or	given, dire	ectly or inc	lirectly, an	y commis-	-	
to li	o be lis ist the r	ted is an a	associated ne broker (	person or	agent of a	a broker o an five (5	r de	aler reg	gistered was	ith the SE	C and/or v	offering. with a state	or states	,	
Full N	ame (I	Last name	first, if in	dividual)									•		
Teias	Secu	rities Gı	oup. Inc												
Busine	ess or I	Residence	Address	(Number a	nd Street,	City, Sta	te, Z	Zip Coc	le)						
2700	Via Fo	ortuna, S	Suite 400	, Austin,	TX 7874	6									
Name	of Ass	sociated B	roker or I	Dealer											
Greg	Wood	lby													
				las Solicite											_
				individual						(DC)	ייייייייייייייייייייייייייייייייייייי				
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_	MT]	[NE]	[NV]	[NH]		[NM]	-		[NC]	[ND]	[OH]	[OK]	[OR]	[PA	_
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ruii N	ame (1	Last name	first, if in	idividuai)											
Busine	ess or I	Residence	Address	(Number a	nd Street.	City, Sta	te, Z	Zip Cod	le)						
						, - <b>,</b> ,									
Name	of Ass	sociated B	roker or I	Dealer		·									
				las Solicite individual		nds to Sol	icit I	Purchas	sers					□ A11	C+-+
•	eck A AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	r	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	□ All [ID	
	IL]	[IN]	[IA]	[KS]	[KY]	[LA]		[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	
	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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Busine	ess or F	Residence	Address (	(Number a	nd Street.	City. Sta	te. 7	Zin Cod	le)						
				(	,	,, ,	,	r	,						
—— Name	of Ass	ociated B	roker or I	Dealer									•		
				as Solicite											
-				individual											
_	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]	[MC	-
	MT]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]		[NY] 'VTl	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] (WY)	[PA [PR	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

# 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 □ and indicate in the columns below the amounts of the securities offered for exchange and

	check this box $\square$ 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	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$5,000,000	-	\$ 3,000,172.41
	Partnership Interests	\$		\$
	Other (Specify)	\$	_	\$
	Total	\$5,000,000		\$ 3,000,172.41
	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."			A
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	17	-	\$ 3,000,172.41
	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.	Time of		Dellas Assessed
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		-	\$
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			\$
	Printing and Engraving Costs			\$
	Legal Fees		$\boxtimes$	\$ 50,000
	Accounting Fees.		X	\$ 50,000
	Engineering Fees	[		\$
	Sales Commissions (specify finders' fees separately)		$\boxtimes$	\$ 225,000
	Other Expenses (identify) Filing fees		$\boxtimes$	\$_2,285
	Total	,	<b>X</b> 1	\$327.285

W. 86	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE	DS
	b. Enter the difference between the aggregate offering price given in response to Part C – Ction 1 and total expenses furnished in response to Part C - Question 4.a. This difference i "adjusted gross proceeds to the issuer."	s the	\$4,672,715
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnise estimate and check the box to the left of the estimate. The total of the payments listed must ethe adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 to 10	h an equal	
	and adjusted group proceeds to the issuer for form in response to 1 art C Queenon in about	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	□\$	□\$
	Purchase of real estate	□\$	□\$
	Purchase, rental or leasing and installation of machinery and equipment	□\$	□\$
	Construction or leasing of plant buildings and facilities	<b>□</b> \$	□\$
	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)	□\$	⊠\$
	Repayment of indebtedness	□\$	 \$
	Working capital	□\$ □\$	 □\$
	Other (specify): research and development, commercialization	□ <u>3</u> ⊠\$	∑§4,672,715
	efforts, working capital and capital expenditures	P1-5	<u> </u>
		□\$	□\$
	Column Totals	□\$	 \$
	Total Payments Listed (column totals added)		672,715
		_ <u>+-7</u>	<u> </u>
败	D. FEDERAL SIGNATURE		<sup>2</sup> 是这种过去的。第
follo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. It is signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and set of its staff, the information furnished by the issuer to any non-accredited investor pursuant	Exchange Commiss:	ion, upon written re-
Issu	er (Print or Type) Signature	Date	
Evid	dent Technologies, Inc.	12/	121/04
	ne of Signer (Print or Type)  Title of Signer (Print or Type)		
<u>Clin</u>	ton T. Ballinger President and Chairman of the Board		

# -ATTENTION-

Intentional misstatements or omissions of fact 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.

E. STATE SIGNATURE

- 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.

Issuer (Print or Type)	Signature / A	Date
Evident Technologies, Inc.	/ In	12/21/04
Name (Print or Type)	Title (Print or Type)	
Clinton T. Ballinger	President and Chairman of the Board	

#### Instruction:

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

# APPENDIX

1	2		3 4						5		
	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
			Debt	Number of Accredited		Number of Non-Accredited					
State	Yes	No	Securities	Investors	Amount	Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA							· · · · · · · · · · · · · · · · · · ·				
со											
СТ											
DE							·····				
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FL											
GA											
HI											
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IL											
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IA											
KS											
KY											
LA							* . *				
ME											
MD											
MA											
MI											
MN											
MS											
МО											

# APPENDIX

1	] 2	2	3	4					5		
	Intend to non-ac investors (Part B	ccredited s in State	Type of security and aggregate offering price offered in State (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Debt Securities	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT	168		Securities	Tilvestors	Amount	Investors	Amount	165	110		
NE											
NV											
NH			Series C Convert.		4505 005 50						
NJ		X	Preferred	1	\$525,007.53				X		
NM			Series C Convert.								
NY		X	Preferred	5	\$1,450,040.13	1			X		
NC					<del> </del>			_			
ND				<del></del> ::							
OH											
OK			!	<u> </u>							
OR		Anni -									
PA				-11-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7							
RI											
SC											
SD											
TN			Series C Convert.								
TX		X	Preferred	11	\$1,025,124.75				X		
UT											
VT											
VA								-			
WA											
WV											
WI					-						
WY								<del> </del>			
PR											