

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

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

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

**Offering of Units**

Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE  
Type of Filing  New Filing  Amendment

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

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

**Cornerstone Capital Resources Inc.**



05059566

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number  
**109 Clyde Avenue, Mount Pearl, NL, Canada, A1N 4R9 (709) 745 8377**

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
(if different from Executive Offices)

Brief Description of Business

**Mineral Exploration**

PROCESSED

Type of Business Organization

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

JUL 06 2005  
THOMSON  
FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month Year  Actual  Estimated  
**0 7 9 9**

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction)

CN

**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 in 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.**

**ORIGINAL**

**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 issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**Fleming, John**

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

**109 Clyde Ave, Mount Pearl, NL, Canada A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**McKay, Glen H.**

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

**109 Clyde Ave., Mount Pearl, NL, Canada, A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**Clarke, W. John**

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

**109 Clyde Ave., Mount Pearl, NL, Canada A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**Worth, Donald J.**

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

**109 Clyde Ave., Mount Pearl, NL, Canada, A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**Crosbie, John C.**

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

**109 Clyde Ave., Mount Pearl, NL., Canada A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**McKenzie, Colin**

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

**109 Clyde Ave., Mount Pearl, NL., Canada, A1N 4R9**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner  
Managing Partner

Full Name (Last name first, if individual)

**Loveys, David**

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

**109 Clyde Ave., Mount Pearl, NL., Canada, A1N 4R9**

**B. INFORMATION ABOUT OFFERING**

- |   |  |   |
|---|--|---|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE.  |  |   |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$ <u>N/A</u>                              |   |
| 3. Does the offering permit joint ownership of a single unit? .....   | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |   |

Full Name (Last name first, if individual)

***Global Resource Investments Ltd.***

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

***7770 El Camino Real, Carlsbad, CA 92009***

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) .....
- |  |  |  |  |  |  |  |  |  |                             |  |                             |  |                                     |
|--|--|--|--|--|--|--|--|--|-----------------------------|--|-----------------------------|--|-------------------------------------|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> AK | <input type="checkbox"/> AZ            | <input type="checkbox"/> AR            | <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> CO | <input type="checkbox"/> CT            | <input type="checkbox"/> DE            | <input type="checkbox"/> DC            | <input type="checkbox"/> FL | <input checked="" type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID            | <input type="checkbox"/> All States |
| <input checked="" type="checkbox"/> IL | <input type="checkbox"/> IN            | <input checked="" type="checkbox"/> IA | <input type="checkbox"/> KS            | <input type="checkbox"/> KY            | <input type="checkbox"/> LA            | <input type="checkbox"/> ME            | <input type="checkbox"/> MD            | <input type="checkbox"/> MA            | <input type="checkbox"/> MI | <input checked="" type="checkbox"/> MN | <input type="checkbox"/> MS | <input checked="" type="checkbox"/> MO |                                     |
| <input checked="" type="checkbox"/> MT | <input type="checkbox"/> NE            | <input type="checkbox"/> NV            | <input type="checkbox"/> NH            | <input type="checkbox"/> NJ            | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> NY | <input type="checkbox"/> NC            | <input type="checkbox"/> ND            | <input type="checkbox"/> OH | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA            |                                     |
| <input type="checkbox"/> RI            | <input type="checkbox"/> SC            | <input type="checkbox"/> SD            | <input checked="" type="checkbox"/> TN | <input checked="" type="checkbox"/> TX | <input type="checkbox"/> UT            | <input type="checkbox"/> VT            | <input checked="" type="checkbox"/> VA | <input checked="" type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI            | <input type="checkbox"/> WY | <input type="checkbox"/> 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) .....
- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                                     |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID | <input type="checkbox"/> All States |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |                                     |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |                                     |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> 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) .....
- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                                     |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID | <input type="checkbox"/> All States |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |                                     |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |                                     |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> 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 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 .....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ _____	\$ _____
Partnership Interests .....	\$ _____	\$ _____
Other (Specify) <b>Units – See Exhibit "A"</b> .....	\$ <u>1,829,832</u>	\$ <u>1,829,832</u>
<b>Total</b> .....	\$ <u>1,829,832</u>	\$ <u>1,829,832</u>

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

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	\$ <u>35</u>	\$ _____
Non-accredited Investors .....	\$ _____	\$ _____
<b>Total (for filings under Rule 504 only)</b> .....	\$ _____	\$ _____

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 offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
<b>Total</b> .....	_____	\$ _____

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 .....	<input type="checkbox"/> \$ _____
Printing and Engraving Costs .....	<input type="checkbox"/> \$ _____
Legal Fees .....	<input checked="" type="checkbox"/> \$ <u>19,702</u>
Accounting Fees .....	<input type="checkbox"/> \$ _____
Engineering Fees .....	<input type="checkbox"/> \$ _____
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/> \$ <u>159,148</u>
Other Expenses (identify) <u>Miscellaneous, Blue Sky Filing Fees</u> .....	<input type="checkbox"/> \$ <u>3,454</u>
<b>Total</b> .....	<input type="checkbox"/> \$ <u>185,525</u>

**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." .....

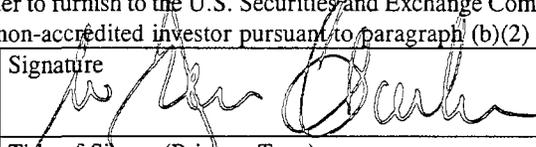
\$ 1,647,528

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees .....	<input type="checkbox"/>	\$ _____	<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 type="checkbox"/>	\$ <u>1,647,528</u>
Other (specify) _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____		_____		_____
_____		_____		_____
Column Totals .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ <u>1,647,528</u>
Total Payments Listed (column totals added) .....		<input type="checkbox"/> \$ <u>1,647,528</u>		

**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) <b>Cornerstone Capital Resources Inc.</b>	Signature 	Date <b>June 23, 2005</b>
Name of Signer (Print or Type) <b>W. John Clarke</b>	Title of Signer (Print or Type) <b>Executive Vice-President</b>	

**ATTENTION**

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

## Exhibit A to Form D

The Issuer has sold 7,123,100 Flow-Through and Non-Flow-Through Units (the "Units") at a purchase price of \$0.35 CDN and \$0.30 CDN per Unit, respectively, for total proceeds of \$2,301,380 CDN. Each Flow-Through Unit consists of one Common Share of the Issuer and one-half of one Warrant, and each Non-Flow-Through Unit consists of one Common Share of the Issuer and one Warrant. Each Warrant will entitle the Purchaser to purchase one common share (a "Warrant Share") of the Issuer for a period of two years following the Closing Date at a price of \$0.40 CDN per Warrant Share if exercised on or before the close of business on that day that is twelve months after the Closing Date, and at a price of \$0.50 CDN per Warrant Share if exercised after the day that is twelve months after the Closing Date and on or before the close of business on the Expiry Date, provided that, in the event that the closing price for the Company's common shares equals or exceeds \$0.60 CDN or more for 20 consecutive trading days in the first 12 month period after the Closing Date or equals or exceeds \$0.75 CDN or more for 20 consecutive trading days at any time prior to the Expiry Date, the Company may give notice that the exercise period of the Warrants will be reduced to 30 days from the date of the giving of such notice, provided that all applicable Canadian hold periods have expired.

Of the Units sold, 3,004,000 Non-Flow-Through Units were sold into the United States for proceeds of US\$716,546.

The offering was effected in the United States pursuant to Regulation D and outside the U.S. pursuant to Regulation S.