FORM D

GEC Mall Processing Section

U. S. SECURITIES AND EXCHANGE COMMISSION V/ashington, D.C. 20549

JAN 14 2008

Washington, DC

103

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.) Senior Subordinated Convertible Notes Accredited Investor Private Placement Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 X Section 4(6) X ULQE Type of Filing: X 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.) ABX Holdings, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 145 Hunter Drive, Wilmington, Ohio 45177 (937) 382-5591 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** Air cargo transportation holding company Type of Business Organization x corporation ☐ limited partnership, already formed other (please specify): m business trust ☐ limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: x Actual ☐ Estimated 09 07 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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).

CN for Canada; FN for other foreign jurisdiction)

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 forn. 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 available state exemption unless such exemption is predicated on the filing of a fecleral notice.

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 parmership issuers. Check Box(es) that Apply: Benefic al Owner **Executive Officer** X Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Bushman, James E. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter Benefic al Owner _ Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Rademacher, Randy D. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 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) X Director Check Box(es) that Apply: ____ Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if Individual) Carey, James H. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: _ Promoter Beneficial Owner **Executive Officer** X Director General and/or Managing Partner Full Name (Last name first, if individual) Geary, John D. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 General and/or __ Beneficial Owner Executive Officer X Director Check Box(es) that Apply: ____ Promoter Managing Partner Full Name (Last name first, if individual) Vorholt, Jeffrey J. Business or Residence Address (Number and Street, City, State, Zlp Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter X Executive Officer X Director General and/or Beneficial Owner Managing Partner Full Name (Last name first, if individual) Hete, Joseph C. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

Page 3 of €

- 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: _ X Executive Officer Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Payne, W. Joseph Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Turner, Quint O. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Manibusan, Dennis A. Business or Residence Address (Number and Street, City, State, Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 Check Box(es) that Apply: ____ Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Morgenfeld, Robert J. Business or Residence Address (Number and Street, City, State Zip Code) 145 Hunter Drive, Wilmington, Ohio 45177 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) General and/or Check Box(es) that Apply: ___ Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

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

| | | | | B. | INFORM | ATION A | ABOUT C | FFERIN | G | | | | <u>.</u> |
|-----------------------|------------------------------------------------------------------|------------------|------------------|--------------------------------|--------------------------------|---------------|-----------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------|-----------|
| , | - | | | | | | | | | | | Yes | No |
| 1. | Has the issue | er sold, or do | es the issuer | intend to se | l, to non-acc | redited inves | tors in this o | ffering? | | ****************** | | | <u>_X</u> |
| | | | | Ansv | ver also in A | ppendix, Col | umn 2, if filing | g under ULO | Ē. | , | | | |
| | • | | | | | | | | | | | | |
| 2. | What is the n | ninimum inve | stment that v | will be accep | ted from any | individual? . | *************************************** | | | | | | N/A |
| | | | | | | | | | | | | Yes | No |
| 3. | Does the offe | ring permit jo | oint ownershi | p of a single | ? | | | | | | | | _X_ |
| 4. | Enter the infi remuneration or agent of a persons to be | for solicitation | on of purchas | sers in conne ed with the S | ection with sa SEC and/or w | les of securi | ties in the off r states, list t | ering. If a pe he name of t | erson to be li he broker or | isted is an as dealer. If m | sociated pers ore than five | ion | N/A |
| Name (Las | t name first, if inc | lividual) | <u>.</u> | | | - | - | | | | | | |
| | | /hl | C C'b. C | ata Zia Cada) | | | | | | | | | |
| iness of Re | sidence Address | (Number and | Street, City, St | ate, zip Code, | | | | | | | | | |
| ne of Assoc | iated Broker or D | ealer | <u> </u> | | - | | | | | | | | |
| | | | | | | | | | | | | | |
| tes in Which (Chec | n Person Listed H k "All States" o | las Solicited o | r Intends to So | licit Purchaser | s | | | | ., | | | 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] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [MM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [WV] | [OK] | [OR] [WY] | [PA] [PR] | |
| • | t name first, if inc | | | | | | | | | | | | |
| • | · | · | | | | | | | | | | | |
| iness or Re | sidence Address | (Number and | Street, City, St | ate, Zip Code) |) | | | | - | | | | |
| | | | | | | | | | | | | | |
| me of Assoc | iated Broker or C | ealer | | | | | | | | | | | |
| tes in Whic | h Person Listed h | las Solicited o | r Intends to So | licit Purchaser | <u> </u> | <u>-</u> | | | | | | | |
| (Chec | k "All States" (| or check indi | vidual States |) | | | | | | | | All | States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] [LA] | (CT) | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] (MN] | [HI] [MS] | [ID] [MO] | |
| [IL] [MT] | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [sc] | [SD] | [TN] | [TX] | [TU] | [TV] | [AV] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| Name (Las | st name first, if in | dividual) | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| siness or Re | sidence Address | (Number and | Street, City, S | tate, Zip Code |) | | | | | | | | |
| ma of A | ciated Broker or C | nagler | | | | | | | | | | | |
| me QI ASSOC | PETER DIOKELOLI | JO4101 | | | | | | | | | | | |
| | h Person Listed I | | | | | | | | | | | All | States |
| (Chec | [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] | [NN] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] [AW] | [HO] [VW] | [OK] [WT] | [OR] [WY] | [PA] [PR] | |
| [RI] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |

| 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 "ze.o." 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 | An | nount Already Sold |
| | Debt | \$ 20,500,000.00° | \$ 2 | 0,500,000.00* |
| | Equity | \$ 0* | \$ | |
| | Common Pref ∋rred | | - | ··· |
| | Convertible Securities (including warrants) | \$ 0 | \$ | 0 |
| | Partnership Interests | \$ 0 | \$ | 0 |
| | Other (Specify) | \$ 0 | <u> </u> | 0 |
| | Total | · | Ψ <u> </u> | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | \$_20,500,000.00 <u>*</u> | ⊅ <u>.∠(</u> | 0,500,000.00 * |
| 2. | Enter the number of accredited and non-accredited nvestors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | | gregate Dollar unt of Purchases |
| | Accredited Investors | 7 | \$ <u>2</u> | 0,500,000.00* |
| | Non-accredited Investors | N/A | \$ | 0 |
| | Total (for filings under Rule 504 only) | N/A | \$ | 0 |
| 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 | C | ollar Amount |
| | Type of offering | Security | | Sold |
| | Rule 505 | N/A | \$ | N/A |
| | Regulation A | N/A | \$ | N/A |
| | Rule 504 | N/A | \$ | N/A |
| | Total | N/A | \$ | N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | . \$ | 0 |
| | Printing and Engraving Costs | | . \$ | 0 |
| | Legal Fees | X | . \$ | 5,000.00 |
| | Accounting Fees | | . \$ | 0 |
| | Engineering Fees | | . \$ | 0 |
| | Sales Commissions (specify finders' fees separa ely) | | \$ | 0 |
| | Other Expenses (identify) | | . \$ | 0 |
| | Total | <u>_x</u> | . \$ | 5,000.00 |

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

Page 5 of 6
* Senior Subordinated Convertible Notes convertible into the Issuer's common stock, par value \$0.01 per share (the "Conversion Shares"), pursuant to the terms and conditions thereof. Such Senior Subordinated Convertible Notes and Conversion Shares are the subject of this Form D.

| 1 | 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." | | <u>\$20,495,000.00</u> | | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|--|--|--|--|
| 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, furnish 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. | an | | | | | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others | | | | |
| | Salaries and fees | \$ | \$0 | | | | |
| | Purchases of real estate | \$ | <u> </u> | | | | |
| | Purchase, rental or leasing and installation of machinery and equipment | \$ | \$0 | | | | |
| | Construction or leasing of plant buildings and facilities | \$ | <u> </u> | | | | |
| | 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) | \$ | \$0 | | | | |
| | Repayment of indebtedness | | \$ 20,495,000.00 | | | | |
| | Working capital | \$ | _ \$0 | | | | |
| | Other (specify): | \$ | _ \$ | | | | |
| | | \$ | \$ <u>0</u> \$ <u>0</u> | | | | |
| | Column Totals | \$ 0 X | \$_20,495,000.00 | | | | |
| | Total Payments Listed (column totals added) | | 5,000.00 | | | | |
| | D. FEDERAL SIGNATURE | | | | | | |
| follo | e issuer had duly caused this notice to be signed by the undersigned duly authorized per owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securitivest of its staff, the information furnished by the issuer to any non-accredited investor pursuant | es and Exchange Commission, | der Rule 505, the upon written re- | | | | |
| Issu | uer (Print or Type) Signatu | fre Date | | | | | |
| | X Holdings, Inc. | of Signer (Print or Type) | 1/ //08 | | | | |
| Nan | me of Signer (Print or Type) W. Scol Panne VIII | | Secretaria | | | | |
| | DV. SOSEP A TROPICS | SCHOOL COUNTY | , La faire | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001). | | | | | | |
| | and the same of th | | | | | | |

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

END