SEC 1972 <b>Pot</b>	ential persons who are to respond to the collection of information c	ontained in (	We are in a d
	ential persons who are to respond to the collection of information c espond unless the form displays currently valid OMB control numb	1881 (8)	quired
	ATTENTION		02033
	Failure to file notice in the appropriate states will not result in a loss of the Conversely, failure to file the appropriate federal notice will not result in a I		2033281
	state exemption state exemption unless such exemption is predicated on the	ne filing of a federal	319815
	notice.		00/10/0
	UNITED STATES		OMB APPROVAL
	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	RECEIVED	OMB Number: 3235-0076  Expires: May 31, 2002
	FORM D	APR 3 0 2002	Estimated average burden
		ALM O O ZUUZ	hours per response 1
	NOTICE OF SALE OF SECURITIES		SEC USE ONLY
	PURSUANT TO REGULATION D, SECTION 4(6), AND/OR	151	Prefix Serial
	UNIFORM LIMITED OFFERING EXEMPTION		DATE RECEIVED
		•	
Name of Offering	(	9.)	
	nix, Inc. Merger Transaction	,	
		Section 4(6)	ULOE
Type of Filing:	New Filing  ☐ Amendment	, ,	
71 0	A. BASIC IDENTIFICATION DATA		PROCESSE
Enter the info	rmation requested about the issuer		12
	(  check if this is an amendment and name has changed, and indicate change	e.)	MAY 1 9 2002
	chnologies, Inc.	•	THOMBON
Address of Execut		Telephone Number	(Including Men Cotal
8888 Balbo	a Avenue, san Diego, CA 92123		279-5100
	al Business Operations (Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
Brief Description of	f Business		
Maxwell de	velops, manufactures and markets high reliabi	lity electr	onic
components	and power and computing systems.		
Type of Business	Organization		
□ corporation	☐ limited partnership, already formed ☐	other (please specify	(): <u> </u>
□ business trust	☐ limited partnership, to be formed		
	d Date of Incorporation or Organization:    Month   Year		timated
	CN for Canada; FN for other foreign jurisdiction)	DE	
GENERAL INSTRU	CTIONS		
Federal:			
	ssuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or	Section 4(6), 17 CFR 2	230.501 et seq. or 15 U.S.C.
<b>Exchange Commissi</b>	tice must be filed no later than 15 days after the first sale of securities in the offering. A on (SEC) on the earlier of the date it is received by the SEC at the address given below or, 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.		
	ive (5) copies of this notice must be filed with the SEC, one of which must be manually rally signed copy or bear typed or printed signatures.	signed. Any copies no	ot manually signed must be
	t: A new filing must contain all information requested. Amendments need only report the na ested in Part C, and any material changes from the information previously supplied in Parts.		

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.

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following	:			
<ul> <li>Each promoter of the issuer, if the issuer heach beneficial owner having the power to securities of the issuer;</li> <li>Each executive officer and director of corporate</li> </ul>	vote or dispose, or dire	ect the vote or disposition		
<ul> <li>Each general and managing partner of par</li> </ul>	tnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☒	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Security Management Company, 1	LLC			
Business or Residence Address (Number and Street	, City, State, Zip Code)			
700 S.W. Harrison Street, Tope	eka, KS 66636	-0001		
Check Box(es) that Apply: ☐ Promoter ☒	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Van Den Berg Management				
Business or Residence Address (Number and Street	, City, State, Zip Code)			
1301 Capitol of Texas Highway,			8746	
	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Eibl, Carlton J., President an	nd Chief Exec	utive Officer		
Business or Residence Address (Number and Street				
8888 Balboa Avenue, San Diego,				
	Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				· · · · · · · · · · · · · · · · · · ·
Baumker, James, Vice President	t and Chief F	inancial Offic	er	
Business or Residence Address (Number and Street				
8888 Balboa Avenue, San Diego	- ·			
	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Roberts, Donald M., Vice Press	ident, Genera	l Counsel and	Secretary	
Business or Residence Address (Number and Street				
8888 Balboa Avenue, San Diego	, CA 92123			
	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Balanson, Richard D., Vice Pre	esident			
Business or Residence Address (Number and Street				
8888 Balboa Avenue, San Diego	•			

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

<ol><li>Enter the information red</li></ol>	juested for the folk	owing:			
<ul><li>Each beneficial ow securities of the iss</li><li>Each executive offi</li></ul>	ner having the pov suer; cer and director of	corporate issuers and of	direct the vote or disposition	•	re of a class of equity of partnership issuers; and
<ul> <li>Each general and in</li> </ul>	managing partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Werderman, John	D., Vice P.	resident			
Business or Residence Addr			de)		
8888 Balboa Aven	•	•			
Check Box(es) that Apply:	<del></del>	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Potashner, Kenne	th F.				
Business or Residence Addre	··-	Street, City, State, Zip Coo	de)		
8888 Balboa Aven	•		,		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual)				<u> </u>
Rossi, Mark	,				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		
8888 Balboa Aven	•	•	,		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	
Lavigne, Jean	,				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
8888 Balboa Aven	,	•	,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual)				
Guyett, Robert	•				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		
8888 Balboa Aven			•		
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 Addr	ess (Number and S	Street, City, State, Zip Cod	de)		
				<del></del>	

A. BASIC IDENTIFICATION DATA

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

				В.	INFORMA	TION ABOL	JT OFFERI	NG				
1. H	, las the issuer :	sold, or does	s the issuer	intend to se	ell, to non-a	ccredited ir	nvestors in t	his offering	?		Yes ⊠	No □
	ŕ		•	Answer also	o in Append	dix, Column	2, if filing u	nder ULOE				
2. V	2. What is the minimum investment that will be accepted from any individual?						\$	N/A				
3. D	oes the offerir	na permit ioir	nt ownershi	n of a single	e unit?						Yes ⊠	No □
4. E o is th	inter the inforn r similar remur s an associate ne broker or de orth the inform	nation reque neration for s d person or a caler. If more	sted for eac olicitation of agent of a b e than five (9	ch person w f purchasers broker or de 5) persons t	ho has bee s in connect aler registe	n or will be ion with sale red with the	paid or give es of securit e SEC and/o	en, directly of ies in the of or with a sta	or indirectly fering. If a p ate or states	, any comm person to be s, list the na	ission listed me of	_
Full N	ame (Last nar	ne first, if inc	dividual)									
	N/A								· · · · · · · · · · · · · · · · · · ·		<del></del>	
Busin	ess or Reside	nce Address	(Number a	nd Street, (	City, State, 2	Zip Code)						
Name	of Associated	Broker or D	)ealer				*				- 182	
States	s in Which Per	rson Listed H	las Solicited	d or Intends	to Solicit F	urchasers					<u> </u>	-
(Chec	k "All States"	or check ind	ividual State	es)							🗆 A	II States
[AI	] [AK]	[AZ]	[ AR ]	[CA]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[FL]	[GA]	[HI]	[ID]
[II	] [IN]	[IA]	[KS]	[ KY ]	[LA]	[ME]	[ MD ]	[ MA ]	[MI]	[ MM ]	[MS]	[ MO ]
ΓM ]	[ 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]
	lame (Last nar	me first, if ind	dividual)									
	N/A ess or Reside	nce Address	(Number a	nd Street, (	City, State, 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·	<del> </del>				
Name	of Associated	Broker or D	Dealer				<u> </u>	-				<u></u>
	s in Which Per										. ПА	All States
[AI		[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[CT]	[ DE ]	[ DC ]	[FL]	[ GA ]	[HI]	[ID]
[II]		[AZ]	[KS]	[KY]	[ LA ]	[ME]	[ MD ]	[MA]	[MI]	[MN]	[MS]	[ MO ]
IM]		[NV]	[NH]	[NJ]	[ NM ]	[NY]	[NC]	[ ND ]	[OH]	[OK]	[OR]	[PA]
[RI		[SD]	[ TN ]	[TX]	[UT]	[VT]	[ VA ]	[WA]	[ WV ]	[WI]	[ WY ]	[ PR ]
	lame (Last nar			[ 111 ]	[ O I ]	[	[ *2.1]	[ **** ]	[ ,, , ]	[ 1,1 ]	[ 77 ]	[ 2 1 1 ]
	N/A	A 1 1	/A.)		2:4 0:4	7: 0 1:)	<del></del>					
Busin	ess or Reside	nce Address	(Number a	nd Street, (	City, State, ,	Zip Code)						
Name	of Associated	Broker or D	Dealer					-				
States	s in Which Per	rson Listed H	Has Solicited	d or Intends	to Solicit F	urchasers					<u>.</u>	
(Chec	k "All States"	or check ind	ividual State	es)							🗆 A	All States
[AI	] [AK]	[AZ]	[ AR ]	[ CA ]	[ CO ]	[CT]	`[DE]	[ DC ]	[FL]	[ GA ]	[HI]	[ID]
[II	_	[ IA ]	[KS]	[ KY ]	[ LA ]	[ME]	[ MD ]	[ MA ]	[MI]	[ MN ]	[MS]	[ MO ]
[M]		[ NV ]	[NH]	[NJ]	[ MM ]	[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.)

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.				
	anosay oxonangos.	Aggregate		Α	mount Already
	Type of Security	Offering Price			Sold
	Debt				-0-
	Equity	\$4,790,71	0	\$ <u>4</u>	<u>,783,210</u>
	Convertible Securities (including warrants)		=	\$	<u> </u>
	Partnership Interests		=	\$_	-0-
	Other (Specify)		_		-0-
	Total	\$4,790,71	0	\$ <u>4</u>	,783,210
	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 Investors			Aggregate  Oollar Amount of Purchases
	Accredited Investors	5	_	\$ <u>4</u>	,203,410
	Non-accredited Investors	31	_	\$_	587,300
	Total (for filings under Rule 504 only)			\$	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			Г	Dollar Amount
	Type of offering	Type of Securi	ty		Sold
	Rule 505	N/A	_	\$_	-0-
	Regulation A	N/A		\$	-0-
	Rule 504	N/A		\$	-0-
	Total			\$ \$	-0-
4 2	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	D	3	\$_	500
	Printing and Engraving Costs				-0-
	Legal Fees			\$ <b></b>	10,000
	Accounting Fees			:	
	Engineering Fees				-0-
	Sales Commissions (specify finders' fees separately)			. —	-0-
	Other Expenses (identify)			:	_0 <i>_</i>
	Total			-	10.500
			-	T —	

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

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	F OF I	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."			\$_	4,780,210
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	□\$_	-0-	□ \$ <u></u>	-0-
	Purchase of real estate	□\$_	-0-	□\$_	-0-
	Purchase, rental or leasing and installation of machinery and equipment	□\$_	-0-	□\$_	-0-
	Construction or leasing of plant buildings and facilities	□\$_	-0-	□\$_	-0-
	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)	□ \$ <sub>_</sub>	-0-	<b>□</b> \$_	-0-
	Repayment of indebtedness	□ \$_	-0-	□ \$ <u></u>	-0-
	Working capital				
	Other (specify):				
		□ \$ <b>_</b>	-0-	□\$ <u></u>	-0-
	Column Totals				
	Total Payments Listed (column totals added)		□ \$ <u></u>		<u>-0-</u>

	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking by the	by the undersigned duly authorized person. If this noti e issuer to furnish to the U.S. Securities and Exchange by non-accredited investor pursuant to paragraph (b)(2)	Commission, upon written request of
Issuer (Print or Type)	Signatu/e /	Date
Maxwell Technologies, Inc.	Signature which which	April <b>26</b> , 2002
Name of Signer (Print or type)	Title (Print or Type)	
Donald M Roberts	Vice President General Co	nunsel and Secretary

## **ATTENTION**

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