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SEC Potential persons who are to respond to the collection of information contained 1972(6-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

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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 state exemption unless such exemption is predicated on the filing of a federal notice.

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

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response... 1

FORM D

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

1	SEC	USE ON	ILY	
	Prefix		Serial	
-				ESSED
-	DAT	E RECE	yED	
1				

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Flagstar Statutory Trust III

THOMSON FINANCIAL

Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE apply):

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.)

Flagstar Statutory Trust III

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

c/o Flagstar Bancorp, Inc. 5151 Corporate Drive, Troy, MI 48098

WA ?

248-312-2000

Address of Principal Bus Number (if different from Executive	(Including Area Code)
Brief Description of Busine	S
	t III, a business trust formed and organized pursuant to the laws of propose to offer for sale up to \$25,744,000.00 in common and ties.
Type of Business Organiz	ion
[] corporation	[] limited partnership, already formed [] other (please specify):
[X] business trust	[] limited partnership, to be formed
## ***********************************	Month Year
Actual or Estimated Date of	Incorporation or Organization: [2] [2003] [X] 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) [D][E]
GENERAL INSTRUCTION	

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 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.

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 [] Promoter [Apply:	X] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name first, if individ	ual) See Attac	ched Schedule A	و الله الله الله الله الله الله الله الل	
Business or Residence Address (Nu	mber and Stree	et, City, State, Zip Cod	de)	
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[X] Executive Officer	[] Director []	General and/o Managing Partner
Full Name (Last name first, if individ	ual) See Atta	ched Schedule A		Optivities (and the group of the state of the graph group of the graph graph group of the graph
Business or Residence Address (Nu	mber and Stree	et, City, State, Zip Co	de)	
Check Box(es) that [] Promoter Apply:	[] Beneficial Owner	[] Executive Officer	[] Director []	General and/o Managing Partner
Full Name (Last name first, if individ	ual)	rinadasen janet en rinadasen austrean en		
Business or Residence Address (Nu	mber and Stree	et, City, State, Zip Cod	de)	
Check Box(es) that [] Promoter Apply:	[] Beneficial Owner	[] Executive Officer	[] Director []	General and/o Managing Partner
Full Name (Last name first, if individ	ual)		William Willia	and the second s

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Busines	s or Res	idence Addre	ess (Num	ber and Stre	et, City,	State, Zip C	ode)				
Check Apply:	Box(es)	that [] Pro	moter []	Beneficial Owner	[]	Executive Officer	(Director	[]	Genera Managi Partner	ing
Full Nar	ne (Last	name first, if	individua	1)							
Busines	s or Res	idence Addre	ess (Num	per and Stre	et, City,	State, Zip C	ode)				
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Busines	s or Res	idence Addre	ss (Numi	per and Stre	et, City,	State, Zip C	ode)				
	(Use b	lank sheet,	or copy a	ınd use add	itional	copies of th	is she	et, as ne	ces	sary.)	
			B. IN	FORMATION	N ABOL	JT OFFERIN	IG		,		
Has offering		er sold, or							tors	in this	Yes N
2 What	is the m	Ansı inimum inves		n Appendix, et will be acc		_					\$1,000
		ing permit jo			•	·				•	Yes N
4. Enter or indire with sale broker of deale	the inforectly, any es of sec or dealer er. If mor	rmation required commission urities in the registered were than five (set forth the	ested for or similar offering. ith the St	each person ar remuneral If a person to EC and/or wi as to be liste	who hation for be liste the a stated are a	as been or w solicitation of ed is an asso te or states, associated p	vill be portion of purcociated list the posterior of the	paid or given hasers in person of e name o	cor or ag f the	nnection ent of a broker	
Full Nar	ne (Last	name first, if	individua	l) Bear Stea	arns & C	Co., Inc.	······································				
Busines	s or Res	idence Addre	ss (Num	per and Stree	et, City,	State, Zip C	ode)				
	adison A ork, NY										

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										-		
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) [X] 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]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[\T]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
						***************************************				-		
Name	of Asso	ciated E	Broker or	Dealer								
States	in Whic	h Perso	on Listed	Has Sc	licited o	r Intends	to Solici	it Purcha	sers			
(Chec	k "All	States"	or chec	k indiv	idual St	ates)		•••		[] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[K\$]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[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]
Full N	ame (La	ist name	e first, if i	ndividua	al)							
Busine	ess or R	.esidenc	e Addre	ss (Num	iber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Assc	ciated E	Broker o	Dealer								
States	s in Whic	ch Perso	on Listed	Has So	olicited o	r Intends	to Solic	it Purcha	sers			
(Check "All States" or check individual States) [] All States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[K\$]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
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	•		•				•		-,		• ,	

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

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^{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	\$25,744,000.00	\$25,744,000.00
[X] Common [X] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$25,744,000.00	\$25,744,000.00
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
	Number Investors	Dollar Amount of Purchases
Accredited Investors	2	\$25,744,000.00
Non-accredited Investors	<u>د.</u>	\$25,744,000.00
		Ψ
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 <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.		
	Tunn of Conville	Dollar Amount
Type of offering	Type of Security	Sold
Rule 505		\$
Regulation A		\$
	n/a	
Total		\$
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	[1 \$

Accounting Fees	[] \$
Engineering Fees] \$
Sales Commissions (specify finders' fees separately) Commission	[] \$
Other Expenses (identify)	[] \$
Total	[]\$0
b. Enter the difference between the aggregate offering price given in response - Question 1 and total expenses furnished in response to Part C - Question difference is the "adjusted gross proceeds to the issuer."		\$25,744,000.00
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	[] \$	[]\$
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 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): Purchase of debt securities	[]	\$25,744,000.00
	[] \$	[]\$
Column Totals	[]	 [] \$25,744,000.00
Total Payments Listed (column totals added)	[]\$2	5,744,000.00

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)

Flagstar Statutory Trust III

Name of Signer (Print or Type)

Michael W. Carrie

Signature

Date

Administrator

ATTENTION

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

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002 Flagstar Statutory Trust III Form D-Schedule A

SCHEDULE A

BENEFICIAL OWNER:

Flagstar Bancorp Inc. 5151 Corporate Drive Troy, MI 48098

Bear Stearns & Co., Inc. 383 Madison Avenue New York, NY 10179

EXECUTIVE OFFICERS/ADMINISTRATORS:

Mark T. Hammond C/o Flagstar Bancorp Inc. 5151 Corporate Drive Troy, MI 48098

Michael W. Carrie C/o Flagstar Bancorp Inc. 5151 Corporate Drive Troy, MI 48098