1012668 FORM D OMB APPROVAL UNITED STATES OMB Number: SECURITIES AND EXCHANGE COMMISSION Expires: December 31, 1996 Washington, D.C. 20549 RECEIVED Estimated average burden FORM D hours per response. . . . 16.00 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D. **Prefix** SECTION 4(6), AND/OR DATE RECEIVED NIFORM LIMITED OFFERING EXEMPTION Kading Companies, Name of Offering (check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 **X**[X] Rule 506 □ ULOE □ Section 4(6) ☐ New Filing XXAmendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Kading Companies, SA Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

Brief Description of Business

(if different from Executive Offices)

48 Wall Street, 11th Floor, New York, NY 10005

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

Holding company and merchant banking operation focusing on companies in the aerospace

medical products and electronic components industries for potential acquisitions.

3235-0076

Serial

Type of Business Organization XXcorporation	☐ limited partnership, already f	ormed	□ other (p	olease specify):	MAR 2 4 200
☐ business trust	☐ limited partnership, to be for	med	•	• • •	THOMSON
Actual or Estimated Date of Inco	orporation or Organization:	nth Year 0 9 5	₩ XActual	☐ Estimated	FINANCIAL

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

212-918-4535

718-981-5678

FN

Telephone Number (Including Area Code)

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.

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.

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. ▼ Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kading, Kevin H. **Business or Residence Address** (Number and Street, City, State, Zip Code) 48 Wall Street, 11th Floor, New York, NY 10005 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Head, Dr. William B. Business or Residence Address (Number and Street, City, State, Zip Code) 421 Henderson Avenue, Staten Island, NY 10310 ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Wilkins, Dr. Robert J. Business or Residence Address (Number and Street, City, State, Zip Code) 18 Beatrice Lane, Glen Cove, New York 11542 ☐ Director ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Executive Officer Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address □ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ Promoter ☐ Beneficial Owner □ Executive Officer Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

3 50 - 4			'X ₃ (3-3)	B. 1	NFORMA	TION AB	OUT OFF	ERING	ik, si				3.77.35
1. Has	the issuer	sold, or de	oes the issi	uer intend	to sell, to	non-accre	dited inves	tors in thi	s offering	?		. Yes	No X
			An	swer also	in Append	ix, Colum	n 2, if filiı	ng under U	JLOE.				
2. Wha	t is the mi	nimum inv	vestment th	nat will be	accepted	from any i	individual?					. § 5,0	0.000
												Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single un	it?				<i></i>		. X	
sion to be list t	r the inforr or similar re listed is a he name of ealer, you	emunerati n associate f the broke	on for solic ed person c er or deale	citation of or agent of r. If more	purchasers a broker of than five (in connector dealer races (5) persons	tion with sa egistered w to be liste	ales of secu with the SE ed are asso	rities in th C and/or	e offering. with a state	If a person	n i,	
Full Name	e (Last nar	ne first, if	individua	l)							= · · · · · ·		
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Business of	or Residenc	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						-
Name of .	Associated	Broker or	Dealer							<u> </u>			
							 			 	···		
	Which Pers												C
	"All State											□ All	
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Business of	or Residenc	ce Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
Name of	Associated	Broker or	Dealer										
States in '	Which Pers	son Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	nasers	•					
	"All State												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID	
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Full Name	e (Last nar	ne first, if	individua	1)									
Business of	or Residenc	ce Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers					+	
(Check	"All State	s" or chec	ck individu	al States)								🗆 All	States
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[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	5

	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 \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	S	\$
	Equity	\$ 3.000.000	s
	Common Deferred	, ,	
	Convertible Securities (including warrants) (warrants)	s 1,000,000	s <u>-0-</u>
	Partnership Interests	\$. \$
	Other (Specify C-SRPPS	\$16,000,000	\$ -0-
	Total		
	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 Dollar Amount of Purchases
	Accredited Investors	0-	s <u> </u>
	Non-accredited Investors	0-	\$ <u>-0-</u>
	Total (for filings under Rule 504 only)	0	\$_ -0-
	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.	T 5	
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	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	X	<u>3000</u>
	Printing and Engraving Costs	X	s_3000
	Legal Fces	x î	\$_ 15000
	Accounting Fees	x ī	\$_60000
	Engineering Fees	x)	\$_10000
	Sales Commissions (specify finders' fees separately)		\$3,000,000
	Other Expenses (identify) postage	x	<u>\$ 1000</u>
	Total	X I	s_3,092,000

	C. OFFERING PRICE, NUMBE	R OF INVES	TORS, EXPENSES A	VD US	E OF PRO	CEEDS	
	b. Enter the difference between the aggregate officion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Que	estion 4.a. This differer	ice is th	he		_{\$} 16,908,000
	indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount of the left of the estimate and check the box to the left of the estimathe adjusted gross proceeds to the issuer set forth	int for any pi te. The total c	irpose is not known, further fixed in	irnish a ust equ	an al		
					Payment Office Director Affilia	rs, s, &	Payments To Others
	Salaries and fees			🛭	<u>\$1,500,0</u>	<u>00</u> _ c] \$
	Purchase of real estate			🗆	\$	&	\$ 1,800,000
	Purchase, rental or leasing and installation of	machinery as	nd equipment	🗆	\$	8	\$ 2,000,000
	Construction or leasing of plant buildings and	l facilities		🗅	\$] \$ _
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or sec	urities of another	🗅	\$	¥	\$ 8,000,000
	Repayment of indebtedness			🗆	\$		3 \$
	Working capital			(X	\$3,608,0	00 [) \$
	Other (specify):			0	\$		\$
				— 0	\$	=] \$
	Column Totals			🗆	\$5,108,0	00_ 0	\$_ 11,800,00 0
	Total Payments Listed (column totals added)	• • • • • • • • • • • • • • • • • • • •				\$ 16,90	08,000
34.		D. FEDERAI	SIGNATURE				
foll	issuer has duly caused this notice to be signed by owing signature constitutes an undertaking by the st of its staff, the information furnished by the is	issuer to furni	sh to the U.S. Securitie	s and E	Exchange Co	ommissio	n, upon written re-
Issu	er (Print or Type)	Signature	1)/			Date	
Ka	ding Companies, SA		/ <i>V/</i> //			03/2	20/2003
	ne of Signer (Print or Type)	Title of Sign	ner (Print or Type)			J	
Ke	vin H. Kading	Pres	ident				
							

-ATTENTION-

5 of 8

000 1000 14104

	Constitution of the contract o	
	E. STATE SIGNATURE	
	c), (d), (e) or (f) presently subject to any of th	
See	Appendix, Column 5, for state response:	alm 30 G
The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as	o furnish to any state administrator of any state required by state law.	te in which this notice is filed, a notice on
The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administrators, upon writ	tten request, information furnished by the
limited Offering Exemption (ULOE) of the	ssuer is familiar with the conditions that must state in which this notice is filed and understar ishing that these conditions have been satisfied	nds that the issuer claiming the availability
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused th	is notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Kading Companies, SA		03/20/2003
Name (Print or Type)	Title (Print or Type)	
Kevin H. Kading	President /	

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	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price of fered in state (Part C-Item1)		u to state active active and amount purchased in State (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL		Х							X			
AK		Х							X			
AZ	·	X			-				Х			
AR		Х							X			
CA		Х							X			
со		Х							Х			
СТ		Х							Х			
DE		X							Х			
DC		X							X			
FL		X							X			
GA		X							X			
ні		X							X			
ID		X							X			
IL		X							X			
IN		Х							Х			
IA		х							X			
KS		X							X			
KY		Х							X			
LA		X							X			
ME		Х							х			
MD		X							XX			
MA		Х							Х			
MI		X							Х			
MN		X							Х			
MS		Х							х			
МО		X							X			

APPENDIX

1	1	2	3	4					5 Disqualification	
			Type of security					under State ULOE		
1	E .	to sell	and aggregate		T				(if yes, attach	
		ccredited in State	offering price offered in state		Type of investor and amount purchased in State				explanation of waiver granted)	
		-Item 1)	(Part C-Item1)		(Part	C-Item 2)		(Part E-Item1)		
				Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
MT		X							X	
NE		X							X	
NV		X							X	
NH		X							X	
NJ		Х							X	
NM		X							X	
NY		Х	common 20¢	-0-	-0-				X	
NC		Х							X	
ND		Х			:				Х	
ОН		X		·					Х	
ОК		Х							Х	
OR		X							X	
PA		Х					····		Х	
RI		X							X	
SC		X					· · · · · · · · · · · · · · · · · · ·		X	
SD		X							X	
TN		X							X	
TX		X							X	
UT		X							X	
VT		X							X	
VA		X							X	
WA		X					F		XX	
wv		Х							X	
WI		Х							X -	
WY		X							X	
PR		Λ			· · · · · · · · · · · · · · · · · · ·				Х	