FORM D OMB Approval UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB Number Washington, D.C. 20549 **Expires** May 31, 2005 Estimated average burden hours per response FORM D 9 2003 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D Prefix SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT DATE RECEIVED Name of Offering (check if this is an amendment and name has changed, and indicate change.) Warrants and Common Stock issuable upon exercise of warrants Filing Under (Check box(es) that apply): Rule 504 г Rule 505 \boxtimes Rule 506 Section 4(6) ULOE Type of Filing: New Filing ☐ Amendment

3235-0076

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Serial

A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer: (check if this is an amendment and name has changed, and indicate change.) SAFEWEB, INC. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code): 2200 Powell Street, Suite 590, Emeryville, CA 94608 (510) 601-8855 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code): 2200 Powell Street, Suite 590, Emeryville, CA 94608 (510) 601-8855 Brief Description of Business: Software Development Type of Business Organization: other (please specify):Limited Liability \boxtimes Corporation limited partnership, already formed Company business trust limited partnership, to be formed Year Month Actual or Estimated Date of Incorporation or Organization 0 3 0 0 Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State D CN for Canada; FN for other foreign jurisdiction)

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 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. 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 r	nanaging 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):	Chun, Jon A.						
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Emeryville, CA 94608								
Check Box(es) that apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first	, if individual):	Hormuzdiar, James N.						
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Emeryville, CA 94608								
Check Box(es) that apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	General Manager			
Full Name (Last name first	, if individual):	Hse, Stephen D.						
Business or Residence Address (Number and Street, City, State, Zip Code): 2200 Powell Street, Suite 590, Emeryville, CA 94608								
Check Box(es) that apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first	, if individual):	Kingdon Capital Mana	gement Corp.					
Business or Residence Address (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor New York, NY 10019								
Check Box(es) that apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first	, if individual):	Chilton Investment Co	mpany, Inc.					
Business or Residence Address (Number and Street, City, State, Zip Code): 1266 East Main Street, 7th Floor, Stamford, CT 06902								
Check Box(es) that apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first	, if individual):	Ken Hahn						
Business or Residence Address (Number and Street, City, State, Zip Code): 152 W. 57th St., 50th Floor, New York, NY 10019								
Check Box(es) that apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner			
Full Name (Last name first	, if individual):	Cahill, Michael						
Business or Residence Address (Number and Street, City, State, Zip Code): 1266 East Main Street, 7th Floor, Stamford, CT 06902								
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B. INFORMATION ABOUT OFFERING															
		_							·					Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes						
	Answer also in Appendix, Column 2, if filing under ULOE.														
2. What is the minimum investment that will be accepted from any individual?									\$ _	N/A					
											Yes	No .			
3.	Does the offering permit joint ownership of a single unit?														
	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	Nan	ne (Last	name fi	rst, if inc	lividual):	N/A									
Bus	iness	or Resi	dence A	ddress (N	Number a	nd Street	, City, S	tate, Zip	Code):						
Nan	ne of	Associ	ated Bro	ker or Do	ealer:	N/A									
						ed or Inte		olicit Pur	chasers.					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]		
[M]	_	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
		<u> </u>		rst, if inc				[, , , ,]	[]	[]	[]	[,, -]	[]		
Bus	iness	or Resi	dence A	ddress (N	Number a	nd Street	, City, S	tate, Zip	Code):						-
Nan	ne of	Associ	ated Bro	ker or De	ealer:										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers. (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]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[M] [RI]	-	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [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)									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]		
[M]		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [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 \square and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0-	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants) Warrants and Common Stock issuable upon exercise of warrants.	\$4,092.00	\$
	Partnership Interests	\$0-	\$0
	Other (Specify)	\$0	\$0
	Total	\$4,092.00	\$0
	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."		
	Accredited Investors	Number of Investors	Aggregate Dollar Amount of Purchases \$0-
	Non-accredited Investors		\$
	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 Rule 504 or 505, 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.		
		Type of	Dollar
	Type of offering Rule 505	Security -0-	Amount Sold \$ -0-
	Regulation A	-0-	\$ -0-
	Rule 504	-0-	\$ -0-
	Total	-0-	\$
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		\$
	Legal Fees	\boxtimes	\$1,000.00
	Accounting Fees		\$ <u>-0-</u>
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify) Blue Sky Fee	\boxtimes	\$600.00

 \boxtimes

\$1,600.00

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	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES	AND USE	OF PROCEEDS		
Q		ggregate offering price given in response to in response to Part C - Question 4.a. This di er."			\$2,492.00	
u: es	ndicate below the amount of the adjust sed for each of the purposes shown. Is stimate and check the box to the left qual the adjusted gross proceeds to the bove.	furnish an isted must	·			
				Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and Fees			\$0	\$ -0-	
	Purchase of real estate			\$0	\$ <u>-0-</u> \$ <u>-0-</u>	
	Purchase, rental or leasing and inst	tallation of machinery and equipment		\$0		
	Construction or leasing of plant bu	ildings and facilities		\$ <u>-0-</u>	\$0-	
	offering that may be used in exchapursuant to a merger	ncluding the value of securities involved in ange for the assets or securities of another is	suer	\$0	\$0- \$0- \$_2,492.00	
	Other (specify)					
				\$ <u>-0-</u>	\$	
			_	\$ <u>-0-</u> 🛛	\$_2,492.00_	
	Total Payments Listed (column tot	als added)		⊠ \$ <u>2,492.00</u>		
		D. FEDERAL SIGNATURE	• • • • • • • • • • • • • • • • • • •			
the f	following signature constitutes an under	e signed by the undersigned duly authorized pertaking by the issuer to furnish to the U.S. furnished by the issuer to any non-accredited	Securities	and Exchange Co	mmission, upon	
Issu	er (Print or Type)	Signature	Date			
SAF	EWEB, INC.	Vin	April 3	, 2003		
Nam	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Jon 1	A. Chun	President and Chief Executive Officer				
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ATTENTION

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

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