# FORM D



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

# FORM D

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

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OMB APPROVAL					
OMB Number: Expires: Novembe Estimated average b hours per response.	urden				

SEC USE ONLY					
Prefix	Serial				
1	<u> </u>				
DATE RECEIVED					

Name of Offering ( check if	this is an amendment and name has changed, and indicat	e change.)		
Class A Limited Partnership Uni	its			
Filing Under (Check box(es) that a	pply): Rule 504 Rule 505 Rule 506	☐ Section 4(6) ☐ ULOE ☐ ULOE		
Type of Filing: New Filing	☐ Amendment	LUGGEOGE		
	A. BASIC IDENTIFICATION DATA	A ADD 9 1 2003		
1. Enter the information requested	above the issuer	HIN DIE		
Name of Issuer ( check if thi	is is an amendment and name has changed, and indicate c			
Preservation Technologies, L.P.		FINANCIAL		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
111 Thomson Park Drive, Cranber	ry Township, PA 16066	724/779-2111		
Address of Principal Business Oper	rations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
(if different from Executive Offices	s)			
Brief Description of Business				
to research, develop, mark	ket and sell paper preservation services and products			
	,	AC TRECEIVED COM		
Type of Business Organization				
corporation	☐ limited partnership, already formed	APR 16 2003 >>		
business trust	limited partnership, to be formed	other (please specify):		
Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Org		Actual		
	CN for Canada; FN for other foreign jurisd	iction) P A		

#### 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.

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.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conver failure to file the appropriate federal notice will not result in a loss of an available state exemption unles exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized with 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: Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director General and/or Managing Partner Full Name (last name first, if individual) Bookkeeper Management, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Thomson Park Drive, Cranberry Township, PA 16066 ☐ Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (last name first, if individual) Spatz, Richard E. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Thomson Park Drive, Cranberry Township, PA 16066 Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (last name first, if individual) Russell, Dr. Randall L. C. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Thomson Park Drive, Cranberry Township, PA 16066 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Director $\Box$ General and/or Managing Partner Full Name (last name first, if individual) Burd, James E. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Thomson Park Drive, Cranberry Township, PA 16066 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Cook, Gayland B. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Thomson Park Drive, Cranberry Township, PA 16066 Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Cohen, Charles C. Business or Residence Address (Number and Street, City, State, Zip Code) 11 Stanwix Street, 15th Floor, Pittsburgh, PA 15222 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) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					LEODIA		OEEE	DINO				<u> </u>
				В. П	NFORMAT	ION ABC	OI OFFE	RING				NI.
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No ⊠					
Answer also in Appendix, Column 2, if filing under ULOE.												
What is the minimum investment that will be accepted from any individual?							\$ <u>8</u>	0,000				
,						Yes	No					
3. Does the offering permit joint ownership of a single unit?						$\boxtimes$						
4. Ent	er the inform	nation reque	ested for each	ch person whation of pure	ho has been	or will be p	aid or giver	n, directly or	r indirectly,	any commis- g. If a person		
to l	oe listed is a	n associate	d person or	agent of a	broker or de	ealer registe	ered with th	e SEC and/	or with a st	ate or states,		•
	the name of lealing, you							associated	persons of s	uch a broker		
	last name firs					<u>·</u>						
N/A									•			
Business or	Residence A	ddress (Num	ber and Stre	et, City, Stat	e, Zip Code)			<del></del>				
Name of As	sociated Brol	ker or Dealer	r					<u> </u>				
States in Wh	nich Person L	isted Has So	olicited or Int	tends to Solid	cit Purchaser	s	· ·					
(Check	"All States"	or check ir	ndividual Sta	ates)				•••••			□ A	ll States
□AL	□AK	□AZ	□AR	□CA	□co	□ст	□DE	□DC	□FL	□GA	□ні	□ID
	□IN	□IA	□KS	□KY	□LA	□ ME	□MD	□ MA	□ MI	□MN —	□MS	□мо
□MT	□ NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ok	OR	□PA
RI	SC	SD	□TN	□TX	UT	□ VT	□VA	□WA	_ WV	□WI	□WY	□PR
Full Name (	last name firs	st, 11 ingiviat	iai)									
Rusiness or	Residence A	ddress (Num	her and Stre	et City Stat	e Zin Code)							
Dusiness of	residence A	acress (11an	ioer und ode	er, erry, bran	e, zip code)							
Name of Ass	sociated Brol	er or Dealer							•	• • •		
							,					
States in Wh	nich Person L	isted Has So	licited or Int	tends to Solid	cit Purchasers	3		<del></del>	***			
(Check	"All States"	or check in	dividual Sta	ates)		•••••					□ A1	ll States
□AL	□AK	□AZ	□AR	□CA	□со	□ст	DE	□DC	□FL	□GA	□HI	□ID
	□IN	□IA	□KS	□KY	□LA	□мЕ	□MD	□MA	□МІ	□MN	□MS	□мо
□мт	□NE	□NV	□NH	נא□	□NM	□NY	□NC	□ND	□он	□ок	OR	□PA
□RI	□sc	□SD	☐TN	TX	UT	UVT_	□VA	WA	□wv	□WI	□WY	□PR
Full Name (	last name firs	t, if individu	ial)							,		
D	D :1			. C'. C	7: ( 1 )							
Business or	Residence Ad	idress (Num	ber and Stree	et, City, State	e, Zip Code)			•				
Name of Ass	sociated Brok	er or Dealer			<del> </del>		7	•				
Name of Ass	sociated Brok	ter or Dealer										
States in Wh	ich Person L	isted Has So	licited or Int	ends to Solic	rit Purchasers	<del></del>				· - · ·		
											□ A1	Il States
□ AL	□ AK	□ AZ	□ AR	□CA	□co	□ст	□DE	□DC	□FL	□GA	□ні	□ID
	□lN -		□KS	□KY	□LA	□ме	□MD	□MA	□МІ	□MN	□MS	□мо
MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	OR	□PA
□RI	□sc	□SD	□TN	$\Box$ TX	UT	□ VT	□VA	□WA	$\square$ wv	□WI	□WY	□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 columns below the amounts of the securities officer for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt ..... Equity ..... ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests. \$ 3,200,000 \$\_1,072,000 \_\_\_) ..... Other (Specify Total \$ 3,200,000 1.072.000 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 Dollar Amount Investors of Purchases Accredited Investors 12 \$ 1.072.000 Non-accredited Investors 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 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. Dollar Amount Type of Type of offering Security 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 Printing and Engraving Costs Legal Fees..... 20,000 $\boxtimes$ 1.000 Accounting Fees Engineering Fees

Sales Commissions (specify finders' fees separately)

Total .....

Other (Specify \_

21,000

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C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENS	SES AND USE OF PROC	EEDS
b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This diffe	erence is the	\$_3,179,000
5. Indicate below the amount of the adjusted groused for each of the purposes shown. If the assimate and check the box to the left of the estitute adjusted gross proceeds to the issuer set forth in	amount for any purpose is not known mate. The total of the payments listed	, furnish an I must equal	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			<b>S</b>
Purchase of real estate		🗆 \$	
Purchase, rental or leasing and installation of m	nachinery and equipment	S	<b>\$</b>
Construction or leasing of plant buildings and f	acilities	\$	<u> </u>
Acquisition of other businesses (including the voffering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another		□ s
Repayment of indebtedness			
Working capital			<b>□</b> \$ 1,564,000
Other (specify): to redeem Class B Partnership	Unit		
		<u></u> ⊠ \$ <u>1.615.000</u>	□ \$
Column Totals		🗆 \$	S
Total Payments Listed (column totals added)		🔯 \$3,1	79,000
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signe following signature constitutes an undertaking by quest of its staff, the information furnished by the	the issuer to furnish to the U.S. Sec	urities and Exchange Com	mission, upon written re-
Issuer (Print or Type)	Signature 0	Date	·····
Preservation Technologies, L.P.	Signature Jem C &	end :	3-15-03
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
James E. Burd	President and COO of Corporate	General Partner	