FORM D

SEC.

State:

Filing Fee: There is no federal filing fee.



UNITED STATES \ \(\lambda \ \text{O} \) CURITIES AND EXCHANGE COMMISSION

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

OMB	APPROVA	۸L

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours

per response..... 16.00

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Series B Preferred Stock of InMat, Inc.					A Commence of the Commence of			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Type of Filing: ☑ New Filing Amendment	⊠Rule	506 Se	ction 4(6) UL O	E APR 2 2 2002			
A. BAS				DATA	manual 4 2 4013			
1. Enter the information requested about the issuer								
Name of Issuer (check if this is an amendment and name has c InMat, Inc.	hanged,	and indi	cate cha	nge.)				
Address of Executive Offices (Number and Street, City, State, Zip Code) 216 Route 206, Suite 7, Hillsborough, NJ 08844					Telephone Number (Including Area Code) (908) 874-7788			
Address of Principal Business Operations (Number and Street, C (if different from Executive Offices)	City, Sta	te, Zip C	Code)		Telephone Number (Including Area Code)			
Brief Description of Business: Development, manufacture and	i sale of	certain	barrier	coating	products			
Type of Business Organization ☑ corporation limited partnership already formed business trust limited partnership, to be formed		other	(please s	specify):	PROCESSED			
	Month Year			ear	APR 23 2003			
Actual or Estimated Date of Incorporation or Organization:	0	1 3	0		☑ Actual Estimated THOMSON			
		3		3	FINANCIAL			
Jurisdiction of Incorporation or Organization: (Enter two-lette CN for Canada;								
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance of the Must File: A notice must be filed no later than 15 days after the first Commission (SEC) on the earlier of the date it is received by the SEC date it was mailed by United States registered or certified mail to that act the Where to File: U.S. Securities and Exchange Commission, 450 Fifth Str.	t sale of s at the add ddress.	securities dress give	in the offe	ering. A n	otice is deemed filed with the U.S. Securities and Exchange			
Copies Required: Five (5) copies of this notice must be filed with the Sl of the manually signed copy or bear typed or printed signatures.	EC, one o	of which i	must be m	nanually s	igned. Any copies not manually signed must be photocopies			

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.

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

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 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 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)

Goldberg, Harris A.

•

Business or Residence Address (Number and Street, City, State, Zip Code)

3 Emil Court, Edison, NJ 08820

Check Box(es) that Apply: Promoter 🗹 Beneficial Owner 🗹 Executive Officer 🗹 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Feeney, Carrie A.

Business or Residence Address (Number and Street, City, State, Zip Code)

23 Kershaw Court, Bridgewater, NJ 08807

Check Box(es) that Apply: Promoter 🗹 Beneficial Owner Executive Officer 🗹 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Tamarelli, Alan W.

Business or Residence Address (Number and Street, City, State, Zip Code)

49 Wexford Way, Basking Ridge, NJ 07920

Check Box(es) that Apply: Promoter ☑ Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Schmidt, John

Business or Residence Address (Number and Street, City, State, Zip Code)

11 Honey Lake Drive, Princeton, NJ 08540

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Seegopaul, Purnesh

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Pangaea Ventures Ltd., 1151 West 8th Avenue, Suite 1, Vancouver, B.C. V6H 1C5

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Wolters, Erik

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o DSM Venturing BV, Het Overloon 1, 6411 TE Heerlen, The Netherlands

Check Box(es) that Apply: Promoter Deneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

DSM Venturing BV

Business or Residence Address (Number and Street, City, State, Zip Code)

Het Overloon 1, 6411 TE Heerlen, The Netherlands

Check Box(es) that Apply: Promoter 🗹 Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

NGen Enabling Technologies Fund, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o NGen Partners, LLC, 1114 State Street, Suite 247, Santa Barbara, CA 93101

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

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.

Full Name (Last name first, if individual)

Pangaea Ventures Fund International, LP

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pangaea Ventures Ltd., 1151 West 8th Avenue, Suite 1, Vancouver, B.C. V6H 1C5

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering perrat joint ownership of a single unit? 4. Einter 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 are associated person as faut a backer or dealer, our may set forth he information for that broker or dealer only. Not applicable. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer or Dealer of States in Which Person Listed Has Solicited or Intends to Solicit Porchasers (Cheek 'All States' or check individual States) All States in Which Person Listed Has Solicited or Intends to Solicit Porchasers (Cheek 'All States' or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) All States in Which Person Listed Has Solicited or Intends to Solicit Porchasers (Cheek 'All States' or check individual States) All States in Which Person Listed Bas Solicited or Intends to Solicit Porchasers (Cheek 'All States' or check individual States) 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 (Cheek 'All States' or check individual States) [All Jaki Jaz] [All Jaz] [Al	A tribbat englis	an desidant	3 30 00			B. INFO	ORMATI	ON ABO				anamer in	a constant	
3. Does the offering permit joint ownership of a single unit?	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes					
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 renucreation 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 estented 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 or such a broker or dealer, you may set forth the information for that broker or dealer only. 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). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI	2. What is the minimum investment that will be accepted from any individual?								<u>N/A</u>					
commission or similar remureration 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 eightered 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, our or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our or dealer only. Not applicable. Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MT] [NK] [NV] [NK] [NV] [NV] [NV] [NV] [NV] [NV] [NV] [NV	3. Does th	e offering	permit joi	nt owners	hip of a si	ngle unit?					•••••			No
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer:	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.													
Name of Associated Broker or Dealer:	Full Name	(Last nam	e first, if i	ndividual)	1									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	r Residenc	e Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Name of A	ssociated	Broker or	Dealer:										
Check "All States" or check individual States	Traine of A	3500iarea	Droker or	Dealer.										
MT	(Check "A [AL]	I States" o	or check ir [AZ]	ndividual S [AR]	States) [CA]	[CO]	[CT]	[DE]					[ID]	All States
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) [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] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [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 Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual 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] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						., 0,, 0								
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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)	Full Name	(Last nam	e first, if i	ndividual)	!									
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(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 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	-0-	-0-						
	Equity	\$1,500,000	\$800,001						
	Common								
	Convertible Securities (including warrants).	-0-	-0-						
	Partnership Interests.	-0-	-0-						
	Other (Specify)	-0-	-0-						
	Total	\$1,500,000	\$800,001						
	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	4	\$800,001						
	Non-accredited Investors.	-0-	-0-						
	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 I.	Type of Security	Dollar Amount Sold						
	Type of offering								
	Rule 505								
	Regulation A								
	Rule 504								
	Total		- 6000-11 care 11000-1100						
in ma	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities this offering. Exclude amounts relating solely to organization expenses of the issuer. The information by be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an aimate and check the box to the left of the estimate.								
	Transfer Agent's Fees		-0-						
	Printing and Engraving Costs		-0-						
	Legal Fees		\$100,000						
	Accounting Fees		-0-						
	Engineering Fees		-0-						
	Sales Commissions (specify finders' fees separately)		-0-						
	Other Expenses (identify): Blue Sky filing fees	$\overline{\square}$	\$210						
	Total		\$100,210						

C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND USI	E OF PI	ROCEEDS		
b. Enter the difference between the aggregate offerin total expenses furnished in response to Part C - Ques proceeds to the issuer."	g price given in response to Part C - Question I artition 4.a. This difference is the "adjusted gross	d			
proceeds to the issuer.		•••••			\$699,791
5. Indicate below the amount of the adjusted gross proof the purposes shown. If the amount for any purpose is the left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	s not known, furnish an estimate and check the b	ox to			
			Payments to Officers, Directors & Affiliates		Payments To Others
Salaries and fees		Ø	\$100,000		
Purchase of real estate					
Purchase, rental or leasing and installation of	machinery and equipment				
Construction or leasing of plant buildings and	facilities				
	e value of securities involved in this offering that curities of another Issuer pursuant to a merger)				
Repayment of indebtedness (contingent on su		- ☑	\$50,000		
Working capital		- ☑.	\$549,791		
Other (specify):					
Column Totals	\$100,000	- Ø	\$599,791		
Total Payments Listed (column totals a	Ø	\$6	99,791		
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the under undertaking by the issuer to furnish to the U.S. Securities and I accredited investor pursuant to paragraph (b)(2) of Rule 502.	•			•	
Issuer (Print or Type): InMat, Inc.	Signature Harrie a. Deldey	Date April	<u>l b</u> , 2003		
Name of Signer (Print or Type): Harris A. Goldberg	Title of Signer (Print or Type): President				
	ATTENTION				
Intentional misstatements or omissions of fact		See 18	U.S.C. 1001.)		