FORM D

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

FORM D

TICE OF SALE OF SECURITIES

1169425

OMB APPROVAL										
OMB Numb	er: 3235-0076									
Expires:	May 31, 2005									
Estimated a	verage burden									
hours per re	sponse 16.00									

SEC	USE OF	VLY							
Prefix Serial									
DA	TE RECEIV	ED							
		1							

PURSUANT TO REGULATION D,		Prefix	Serial
SECTION 4(6), AND/OR	<u> </u>	DATE REC	CEIVED
UNIFORM LIMITED OFFERING EXEM	PTION L		
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series D Financing			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE		
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.)		030	56389
Clarity Imaging Technologies, Inc.			
Address of Executive Offices (Number and Street, City, State, Zip Code) 460 Totten Pond Road, Suite 660, Waltham, MA 02451	Telephone N (781) 890-18	umber (Includi 90	ng Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone N	umber (Includi	ng Area Code)
Brief Description of Business	······································		1-
Manufacturing and marketing of laser toner printer cartridges		2000	ESSED
business trust limited partnership, to be formed	ease specify):	APR 2	2 2003
Month Year Actual or Estimated Date of Incorporation or Organization: 03 99 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ated DE	THO	omson ancial
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17	CFR 230.501 e	t seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given believely 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. 2054	9.		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any cop	oies not manua	lly signed mu
Information Required: A new filing must contain all information requested. Amendments need only report			

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 ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state wh 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 of the exemption of the exem accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitute 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. Conversely, failure t appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicat - ---- notice.

A, BASIC IDENTIFICATION DATA 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 Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner SAME AS PREVIOUSLY FILED Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 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) 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) 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) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 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)

N. T.					B. INF	ORMATI	ON ABOU	T OFFER	IING -			<u></u> -	
1.	Has the	issuer so	ld, or does	the issuer in	ntend to se	ell, to non-	-accredited	investors	in this off	ering?		Yes	No
			, 01 4000			-	, Column 2			•			
2.	What is	the minin	num investr	nent that w	ill be acce	epted from	any indivi	idual?	•••••			\$3,000	,000.00
3.	Does th	a offering	permit join	t ownershi	n of a cina	le unit?						Yes	No
<i>3</i> .		=	tion reques									\boxtimes	
	commis If a persor or state	ssion or sim son to be lis s, list the n	nilar remune sted is an as ame of the b you may s	ration for so sociated per proker or de	olicitation son or age aler. If mo	of purchase nt of a brol re than five	ers in conne ker or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	Il Name (Last name	first, if ind	ividual)				***************************************					
Bu	siness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	Zip Code)					wi	
Na	me of As	sociated B	roker or De	aler	· · · · · · · · · · · · · · · · · · ·								·
Sta	ites in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				·•····		,
	(Check	"All State:	s" or check	individual :	States)		•••••	• • • • • • • • • • • • • • • • • • • •				. 🗌 Al	l States
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	ID
	IL I	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	RI	SC	SD	NH TN	TX	UT	NY VT	VA VA	WA	OH W V	WI OK	OR WY	PA
Ful	l Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number and	Street, C	ity, State,	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Na	me of As	sociated B	roker or De	aler									
												 	
Sta			n Listed Ha s" or check										l States
													
	IL	IN IN	IA	KS	CA KY	LA	ME ME	MD	DC MA	FL MI	GA MN	MS	MO
	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
Ful	l Name (Last name	first, if ind	ividual)								· · · · · · · · · · · · · · · · · · ·	
Bu	siness or	Residence	Address (N	Number and	Street, C	ity, State,	Zip Code)						T THIRD OF THE STATE OF
Na	me of As	sociated B	roker or De	aler							.		. <u></u>
											-		
Sta			n Listed Ha s" or check									□ A1	l States
													
	IL	IN	IA	KS	CA KY	LA	ME ME	MD	DC MA	FL MI	GA MN	MS	MO
	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

(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 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ 3,000,000.00 Equity\$ Common Preferred Partnership Interests \$ Other (Specify Total \$ 3,000,000.00 \$ 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 Dollar Amount Investors of Purchases Accredited Investors 3,000,000.00 Non-accredited Investors Total (for filings under Rule 504 only) 3,000,000.00 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. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Total 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 insurer. 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 140,000.00 Accounting Fees Engineering Fees

X

140,000.00

Sales Commissions (specify finders' fees separately)

Total

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS		
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C—Qu proceeds to the issuer."	nestion 4.a. This difference is the "adjusted gross		\$2,	860,000.00
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any p check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	urpose is not known, furnish an estimate and e payments listed must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees] \$	<u></u> \$_	
	Purchase of real estate	·····	\$	\$	
	Purchase, rental or leasing and installation of machinand equipment		7 ¢	Πς	
	Construction or leasing of plant buildings and facili	_		□°-	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities involved in this or securities of another		s	
	Repayment of indebtedness]\$	□ s	
	Working capital]\$	⊠ \$	2,860,000.00
	Other (specify):]\$		
]\$	<u> </u>	
	Column Totals] \$	S \$_	2,860,000.00
	Total Payments Listed (column totals added)		∑ \$ <u>2</u>	,860,00	0.00
- 1 - 1 - 1		FEDERAL SIGNATURE		V .	
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commissi	ion, <mark>upon</mark> writter	reque	st of its staff,
Iss	uer (Print or Type)	Signature & Ma Man D	ate 4/1/2		
	urity Imaging Technologies, Inc.	wy/. I gove	-117/05		
Na	me of Signer (Print or Type)	Citle of Signer (Print or Type)			•
Da	vid MacIsaac P	resident			

---- ATTENTION ----

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

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No M
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this not D (17 CFR 239.500) at such times as required by state law.	ice is filed a not	ice on Forn
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, in issuer to offerees.	formation furn	shed by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issue of this exemption has the burden of establishing that these conditions have been satisfied.		
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on inthorized person.	ts behalf by the	undersigned
Issuer ((Print or Type) Signature Date	1/2/03	
Clarity I	Imaging Technologies, Inc.	17147	
Name ((Print or Type) Title (Print or Type)		

President

Instruction:

David MacIsaac

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.

						amerikan berat <u>u</u>			
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			fication te ULOE attach ation of granted)			
State	Yes	No	Series D Redeemable Convertible	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	-		Participating Preferred Sto						
AK					, 1000000				
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL		-							
GA									
HI									
ID									
IL									
IN									
Al								410	
KS					4.000				-,
KY									1
LA									
ME									
MD									
MA									
МІ									
MN									
MS									

1		2	3			4		Disqua	lification
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explar waiver	rate ULOE, attach attion of granted)
State	Yes	No	Series D Redeemable Convertible	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО			Participating Preferred Sto						
MT									
NE									
NV									
NH	The second second								
NJ		-							
NM									
NY			'						
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT		×	3,000,000.00	1	\$3,000,000.0 0	0	n/A		×
VA									
WA									
wv									
WI									

1	Type of securit and aggregate to non-accredited investors in State (Part B-Item 1) Type of securit and aggregate offering price offered in state (Part C-Item 1				Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series D Redeemable Convertible Participating	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY			Preferred Sto	ck					
PR									