# 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: 3235-0076 Expires: November 30, 2001 Estimated average burden								
hours per response 16.00								

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offician ( about if this is an amondment and name has about and indicate	a haman
Name of Offering ( check if this is an amendment and name has changed, and indicate Convertible Promissory Note	e change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested above the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate ch	nange.)
Peak Strategy, Inc.	03056594 _
Address of Executive Offices (Number and Street, City, State, Zip Code)	· -
600 Grant Street, Suite 5320, Pittsburgh, PA 15219	412/558-5835
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	N. C.
Brief Description of Business to develop and sell software	APR & 3 2000
Type of Business Organization	
☐ limited partnership, already formed	
☐ business trust ☐ limited partnership, to be formed	other (please specify)
Month Year	PROCESSED
Actual or Estimated Date of Incorporation or Organization: 0 8 0 2 Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	Actual Estimated MAY 02 2003
CN for Canada; FN for other foreign jurisdi	ction) P A THOMSON

## 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.

#### 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.

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.

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#### 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. □ Promoter □ Director Check Box(es) that Apply: ■ Beneficial Owner General and/or Managing Partner Full Name (last name first, if individual) Thompson, Dean Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer □ Director General and/or Managing Partner Full Name (last name first, if individual) Brennan, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: □ Promoter ⊠ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Mawhinney, David Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Summa Technologies, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 ☐ Executive Officer Director General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner Full Name (last name first, if individual) Schneider, Lauren (joint ownership with spouse) Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 General and/or Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Executive Officer ☐ Director Managing Partner Full Name (last name first, if individual) Brennan, Julie (joint ownership with spouse) Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 ■ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner

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

Full Name (last name first, if individual)

Mawhinney, Kristan (joint ownership with spouse)

600 Grant Street, Suite 5320, Pittsburgh, PA 15219

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

				B. II	VFORMAT	ION ABO	UT OFFEI	RING				
1. Has	the issuer s	old, or does	the issuer in	ntend to sell	, to non-acc	redited inve	stors in this	offering?			Yes	No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.												
2. Wh	at is the min	imum inves	tment that v	vill be accep	oted from an	y individual	?				\$	N/A
3. Does the offering permit joint ownership of a single unit?									Yes	No		
3. Doe	s the offerir	ng permit jo	int ownershi	ip of a singl	e unit?					••••••		$\boxtimes$
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 dealing, you may set forth the information for that broker or dealer only.												
Full Name (1	last name firs	st, if individu	nal)							- 1420-200		
N/A												
Business or	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)							
Name of Ass	sociated Brol	ker or Dealer	•				<del></del>					
States in Wh	ich Person L	isted Has So	olicited or Int	ends to Solid	cit Purchaser	s						<u></u>
(Check	"All States"	or check in	dividual Sta	•					•••••		_	II States
□AL	□AK	□AZ	□AR	□CA	□co	CT	DE	□DC	□FL	□GA	□ні	□ID
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Full Name (I						<u> </u>						
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Business or	Residence A	ddress (Num	ber and Stree	et, City, Stat	e, Zip Code)		-					
Name of Ass	sociated Brol	ker or Dealer									••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
States in Wh	nich Person L	isted Has Sc	olicited or Int	ends to Solid	cit Purchaser	s	<u></u> .		· · · · · · · · · · · · · · · · · · ·			
(Check	"All States"	or check in	dividual Sta	ites)							□ A	ll States
□AL	□AK	□AZ	□AR	□CA	□со	□ст	□DE	□DC	□FL	□GA	□ні	□ID
□IL	□IN	□IA	□KS	□KY	□LA	□ME	$\square$ MD	□МА	□MI	□MN	□MS	□мо
□MT	□NE	□NV	□NH	□ил	□NM	□NY	□NC	□ND	□он	□ок	□OR	□PA
RI	□sc	□SD	□TN	□TX	UT	□ VT	□VA	□WA	wv	□wı	WY	□ PR
Full Name (l	last name firs	st, if individu	ıal)									
Business or	Residence A	ddress (Num	ber and Stre	et, City, Stat	e, Zip Code)							
Name of Ass	sociated Brol	ker or Dealer	r			<del>- 1- 11</del> ·						
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☐IL ☐MT	☐ NE	□NV	□NH □v2	□NJ	□LA □NM	NY	☐ NC	□ND	□ОН	□ok	☐ MIS	□ MO
□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.)

## 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. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... Equity ..... ☐ Common ☐ Preferred Convertible Securities (including warrants)..... 300,000 300,000 Partnership Interests Other (Specify \_\_\_\_) ...... Total ..... 300.000 300,000 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 300.000 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. Type of Dollar Amount Type of offering Security Sold Rule 505 ..... Regulation A Rule 504 Total ..... 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 7,000 Legal Fees Ø Accounting Fees ..... Engineering Fees Sales Commissions (specify finders' fees separately) Other (Specify travel, copying, misc. ) $\boxtimes$ 500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total .....

7,500

 $\boxtimes$ 

•-	•							
_	C. OFFERING PRICE, NUI	MBER OF INVESTORS, EXPEN	SES AND	) U	SE OF PRO	CEEDS		
٠	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 diff	erence is	the			\$	292,500
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the are estimate and check the box to the left of the estir the adjusted gross proceeds to the issuer set forth in	mount for any purpose is not know mate. The total of the payments liste	n, furnish ed must eq	an				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and fees						\$_	
	Purchase of real estate			\$_		_ 🗆	\$_	
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$_		_ 🗆	\$_	
	Construction or leasing of plant buildings and fa	acilities		\$_		_ □	\$_	
	Acquisition of other businesses (including the violating that may be used in exchange for the as issuer pursuant to a merger)	ssets or securities of another		\$			\$_	
	Repayment of indebtedness						\$_	
	Working capital			\$_		_ 🛛	\$_	292,500
	Other (specify):							
				\$_			\$_	
	Column Totals			\$		_ 🛛	\$_	292,500
	Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b>⊠</b> \$	292,500		
		D. FEDERAL SIGNATURE						
fol	e issuer has duly caused this notice to be signed lowing signature constitutes an undertaking by est of its staff, the information furnished by the	the issuer to furnish to the U.S. Se	curities a	nd I	Exchange Co	ommissio	on,	upon written re-
Iss	uer (Print or Type)	Signature			Date			
P	eak Strategy, Inc.	Clas Manyos	<u> </u>		April	22003 کې		•
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
D	ean Thompson	President						•

ATTENTION-

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