FORM D UNITED STATES	OMB APPROVAL
SECURITIES AND EXCHANGE COMM Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM	PROCESSE May 31, 2002 PROCESSE Ded average burden 1.00 APR 24 2003 SEC USE ONLY THOMSORIES FINANCIAL Serial
Name of Offering ([]] check if this is an amendment and name has changed, and indicate che Citadon, Inc. Secured Convertible Promissory Note and Warrant Financing	11177)
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 Type of Filing: [] New Filing [X] Amendment	[X] Rule 506 [] Section 4(6) [] ULOE
A. BASIC IDENTIFICATION I	DATA III III III III III III III III III
1. Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indicate characteristics.	nge.) 03056740
Address of Executive Offices (Number and Street, City, State, Zip Code) 201 Mission Street, Suite 2700, San Francisco, CA 94105	Telephone Number (Including Area Code) (415) 882-1888
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Software company that provides the engineering and consenabling the delivery of integrated services for global engineering and construction pro	
Type of Business Organization [X] corporation [] limited partnership, already formed [] limited partnership, to be formed	[] other (please specify):
Actual or Estimated Date of Incorporation or Organization: [11] [96] [15] [96]	[X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for foreign juri	

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.

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.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director			
E HAVE	[] General and/or Managing Partner	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last name first, if individual) Baker, Kendall						
	imber and Street, City, State, Zip Code)					
201 Mission Street, Suite 2700, Sa	n Francisco, CA 94105					
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director			
Full Name (Last name first, if indiv	[] General and/or Managing Partner					
BEn Tech Ventures Holdings, LL						
	imber and Street, City, State, Zip Code)		· · ·			
c/o Richard Barry, 50 California	Street, Suite 2200, San Francisco, CA 94111					
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[X] Director			
	[] General and/or Managing Partner					
Full Name (Last name first, if indiv Fried, Bernard	idual)					
	imber and Street, City, State, Zip Code)					
201 Mission Street, Suite 2700, Sa						
Check Box(es) that Apply:	Promoter X Beneficial Owner	[] Executive Officer	[] Director			
eneen 2 en(es) w.mpp.,y.	General and/or Managing Partner	[] =	[] 2			
Full Name (Last name first, if indiv	idual)					
Fried Family Revocable Trust DO						
	imber and Street, City, State, Zip Code)					
	treet, Suite 2700, San Francisco, CA 94105					
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director			
Full Name (Last name first, if indiv						
GE Capital Equity Investments, I						
	imber and Street, City, State, Zip Code)					
120 Long Ridge Road, Stamford,						
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[] Executive Officer	[] Director			
Full Name (Last name first, if indiv						
	g through its Power Systems business unit					
	imber and Street, City, State, Zip Code)					
	ng 3200, Suite 8-01A-07, Marietta, GA 30339					
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director			
	[] General and/or Managing Partner					
Full Name (Last name first, if indiv	idual)					
Hackett, Patrick						
	imber and Street, City, State, Zip Code)					
	exington Avenue, New York, NY 10017	IVI Daniel OCC	[]Dimente			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[] Director			
Full Name (Last name first, if indiv						
Howell, Ian						
	imber and Street, City, State, Zip Code)					
201 Mission Street, Suite 2700, Sa						

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Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director
	[] General and/or	Managing Partner		
Full Name (Last name first, if ir	idividual)			
Magana, Daryl	·			
Business or Residence Address	(Number and Street, Cit	ty, State, Zip Code)		
510 Bando Court, Alamo, CA	<u>9</u> 4507			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director
		Managing Partner	<u> </u>	
Full Name (Last name first, if ir	idividual)			
Santoleri, John				
Business or Residence Address				
c/o Warburg Pincus & Co., 46				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director
	[] General and/or	Managing Partner		
Full Name (Last name first, if ir	idividual)			
Sciammas, Clement				
Business or Residence Address	(Number and Street, Cit	ty, State, Zip Code)		
201 Mission Street, Suite 2700	, San Francisco, CA 94	4105		
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director
	[] General and/or	Managing Partner		
Full Name (Last name first, if ir	idividual)			
Thornbury Insurance Compa			4.18.00 ct	
Business or Residence Address	(Number and Street, Cit	ty, State, Zip Code)		
c/o H. Nassau, 100 Lake Drive	, Suite 4, Pencader Co			
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director
		Managing Partner		
Full Name (Last name first, if ir	dividual)			
Warburg Pincus Equity Partr				
Business or Residence Address				
c/o John Santoleri, 466 Lexing	ton Avenue, New York	k, NY 10017		
				
	(Use blank she	eet, or copy and use additional copie	es of this sheet, as necessary.)	•
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1.	Has the issue	er sold, or o	does the iss						offering?.					Yes No
2. What is the minimum investment that will be accepted from any individual?									N/A					
3.											es No [X]			
4.	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. NONE													
Ful	l Name (Last n	ame first,	if individu	al)	<u>.</u>									
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	eet, City, S	State, Zip C	ode)							
Nai	me of Associate	ed Broker	or Dealer											
Sta	tes in Which Pe	erson Liste	ed Has Sol	cited or In	tends to S	olicit Purcl	nasers	··	_					
	(Check	"All State	s" or check	: individua	l States)								[]Al	1 States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	l Name (Last n						<u></u>						1	
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	eet, City, S	State, Zip C	Code)						, <u></u>	
Nar	me of Associate	ed Broker	or Dealer						_					
Sta	tes in Which Pe	erson Liste	ed Has Sol	cited or In	tends to S	olicit Purcl	nasers							
	(Check	"All State:	s" or check	individua	l States)								[]Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	l Name (Last n	ame first,	if individu	al)										
Bus	siness or Reside	ence Addr	ess (Numb	er and Stre	eet, City, S	state, Zip C	lode)	A. 2 -						
Nai	me of Associate	ed Broker	or Dealer											
Sta	tes in Which Pe	erson Liste	ed Has Sol	cited or In	tends to S	olicit Purcl	nasers		-					
	(Check	"All State	s" or check	individua	l States)							•••••	[] Al	1 States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
		11							of this shee			<u> </u>	17	

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	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	A composite	A mount Almandu
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	[] Common [] Preferred		
	Convertible Securities (including warrants convertible into Common Stock)	\$	\$0
	Partnership Interests	\$	\$
	Other (Secured Convertible Promissory Notes)	\$ 4,000,000	\$ 3,000,000
	Total	\$ 4,000,000	\$ 3,000,000
	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."		
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	4	\$ 3,000,000
	Non-accredited Investors		\$
	Total (for filings Under Rule 504 Only)		\$
3.	Answer also in Appendix, Column 4 if filing under ULOE 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 offering	Type of Security	Dollar Amount 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		\$ 25,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)	• •	\$
	Other Expenses (identify):	• •	\$
	Cont. Expenses (racinity).	[X]	-

	C. OFFERING PRICE, NUMBER C	JF INVESTORS, EXPEN	(SES AND (SE OF PROC	LEDS
	 b. Enter the difference between the aggregate offering pridence – Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer." 	Part C - Question 4.a. This			\$ <u>3,975,000</u>
5.	Indicate below the amount of the adjusted gross proposed to be used for each of the purposes shown. If t not known, furnish an estimate and check the box to the lof the payments listed must equal the adjusted gross procresponse to Part C – Question 4.b above.	he amount for any purpose is left of the estimate. The total			
				s to Officers, , & Affiliates	Payments To Others
	Personnel	[]	\$	[]	\$
	Product Development	[]	\$	[]	\$
	Market Development	[]	\$	[]	\$
	Regulatory Activities	[]	\$	[]	\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the as issuer pursuant to a merger)	sets of securities of another	\$	f 1	\$
	Repayment of indebtedness		\$	[]	\$
	Working capital	[]	\$	[X]	\$ 3,975,000
	Other:	[]	\$	[]	\$
	Column totals	[]	\$	[X]	\$ 3,975,000
	Total payments listed (column totals added)		[X] \$ <u>3</u> .	,975,000	
	, and a second	FEDERAL SIGNATURE			
constitu	uer has duly caused this notice to be signed by the undersigne tes an undertaking by the issuer to furnish to the U.S. Securit er to any non-accredited investor pursuant to paragraph (b)(2)	ies and Exchange Commission,			
	Print or Type)	Signature			Date 4 4 03
	Citadon, Inc.		1000		1 \
	f Signer (Print or Type) Scott D. Elliott	Title of Signer (Pri	int or Type)		

Attention

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