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(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
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hours per form	16.00

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Name of Offering ( check if the Purchase of Series A Preferred		nt and name has	changed, and				6 2003 D
Filing Under (Check box(es) that	apply): Rule 504	□ Rule 505	<b>⊠</b> Rule 506	☐ Section	1 4(6) □ ULOE	A. Carrier	
Type of Filing: New Filing	l Amendment					164 18	
·	<b>A.</b> ]	BASIC IDENT	IFICATION	DATA			<u> </u>
1. Enter the information request	ed about the issuer						
Name of Issuer ( check if this <b>Rosum Corporation</b>	is an amendment a	nd name has ch	anged, and inc	dicate chang	ge.)		
Address of Executive Offices	(N	Jumber and Stre	et, City, State	, Zip Code)	Telephone Nu	mber (Includi	ng Area Code)
1450 Veterans Boulevard, Suit	e 100, Redwood Ci	ity, CA 94063			(650) 421-400	0	
Address of Principal Business O (if different from Executive Offi		lumber and Stre	et, City, State	, Zip Code)	Telephone Nu	mber (Includi	ng Area Code)
Brief Description of Business	To develop position	on-location tecl	hnology.				
Type of Business Organization						116	74 10/1
<b>■</b> corporation	☐ limited partne	ership, already f	ormed			110	1049
☐ business trust	☐ limited partne	erchin to be for	mad		other: General	Partnership	ROCESSEI
Li business trust	innited partie	Mont					
Actual or Estimated Date of Inco	orporation or Organi		0 0		🗷 Actual	☐ Estimate	MAY 07 2003
Jurisdiction of Incorporation or (	Irganization:	(Enter two-let	ter U.S. Posta	l Service ab	breviation for	State: C	A

### GENERAL INSTRUCTIONS

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).

CN for Canada; FN for other foreign jurisdiction)

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.

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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. SEC 1972 (7-00) 1 of 8

#### 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; Each general and managing of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Baran, Paul Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Full Name (Last name first, if individual) Paul and Evelyn Baran Trust Agreement of May 23, 1984, Paul Baran or Evelyn Baran as Trustees Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Charles River Partnership XI, LP Business or Residence Address (Number and Street, City, Zip Code) c/o Charles River Ventures, Inc., 1000 Winter Street, Suite 3300, Waltham, MA 02451 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Druvan, Lara Business or Residence Address (Number and Street, City, Zip Code) c/o Allegis Capital, 100 Hamilton Avenue, Suite 250, Palo Alto, CA 94301 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gibbons, James F. Business or Residence Address (Number and Street, City, Zip Code) 320 Tennyson Avenue, Palo Alto, CA 94301 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hua, Quyen D.

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

☐ Beneficial Owner

■ Executive Officer

☐ Director

☐ General and/or Managing Partner

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

Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063

43011 Sabercat Place, Fremont, CA 94539 Check Box(es) that Apply: ☐ Promoter

Full Name (Last name first, if individual)

Lewis, Matthew

#### 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; Each general and managing of partnership issuers. ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply:□ Promoter ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Media Technology Ventures III, L.P. Business or Residence Address (Number and Street, City, Zip Code) c/o Allegis Capital, 100 Hamilton Avenue, Suite 250, Palo Alto, CA 94301 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ General and/or ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) **MOST 7 - KTB NEW TECH FUND** Business or Residence Address (Number and Street, City, Zip Code) c/o KTB Ventures, 720 University Avenue, Suite 100, Palo Alto, CA 94301 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Motorola, Inc. Business or Residence Address (Number and Street, City, Zip Code) 750 Battery, Suite 600, San Francisco, CA 94111 Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Rabinowitz, Matthew Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 ■ Executive Officer ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Spilker, James J. Jr. Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 ☐ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) James J. Spilker, Jr. and Anna Marie Spilker Business or Residence Address (Number and Street, City, Zip Code) 1450 Veterans Boulevard, Suite 100, Redwood City, CA 94063 Check Box(es) that Apply:□ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

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

Full Name (Last name first, if individual)

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

c/o Steamboat Ventures, LLC, 3601 West Olive Avenue, Suite 501, Burbank, CA 91505

Steamboat Ventures LLC

## 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

<ul> <li>Each general and managing o</li> </ul>	f 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) Tai, William				
Business or Residence Address (Number at c/o Charles River Ventures, Inc., 2800 Sa		Menlo Park, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, 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 a	nd Street, City, 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 a	nd Street, City, 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)	1			
Business or Residence Address (Number a	nd Street, City, 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 a	nd Street, City, 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 a	nd Street, City, Zip Code)			

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

				B. IN	FORMAT	ION ABO	UT OFFE	RING				
												Yes No
1.	Has the issu	ier sold, or					ited investors, if filing			•••••		🗀 🗵
2.	What is the	minimum	investment	that will b	e accepted	from any i	ndividual?	•••••				N/A Yes No
3.	Does the of	fering pern	nit joint ow	nership of	a single un	it?		•••••		•••••		
4.	Enter the it commission a person to states, list t broker or de	or similar be listed is he name o	remuneration and associate the broke	ion or solic ted person r or dealer	itation of portion of agent of the state of	ourchasers f a broker than five (	in connecti or dealer re 5) persons	on with salegistered we to be listed	es of secur ith the SE( l are associ	ities in the and/or wi	offering.	If or
Full Nam	e (Last name	first, if inc	lividual)				<del></del>	<del> </del>			<u> </u>	
Business	or Residence	Address (l	Number and	d Street, Ci	ty, State, Z	(ip Code)	<del></del>		<del>,</del>			
Name of	Associated B	roker or D	ealer									
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
	(	Check "Al	l States" or	check indi	vidual Stat	es)	•••••	••••••••	************		🗆	l All States
[AL] [IL] [MT] [RI]	[IN]	[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]
	e (Last name			(***)	[02]	( ' - )		[ [ ] [ ] [ ]	1,1	( , , , , ,		[, 1,]
Business	or Residence	Address (1	Number and	d Street, Ci	ty, State, Z	ip Code)						
Name of	Associated B	roker or D	ealer							<del></del>	· · · · · · · · · · · · · · · · · · ·	
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit I	urchasers	<u>.</u>				<u> </u>	
	(	Check "Al	l States" or	check indi	vidual Stat	es)	••••••	•••••	***************************************	••••••		l All States
[AL] [IL] [MT] [RI]	[IN]	[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]
Full Nam	e (Last name	first, if inc	lividual)									
Business	or Residence	Address (1	Number and	d Street, Ci	ty, State, Z	Cip Code)						
Name of	Associated B	roker or D	ealer									
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						<del></del>
	(	Check "Al	l States" or	check indi	vidual Stat	es)			•••••			All States
[AL] [IL] [MT] [RI]	[IN]	[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]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	F OF PROCEET	NG.
1.		E OF TROCEIL	, s
	Type of Security Debt	Aggregate Offering Price \$	Amount Already Sold \$
	Equity	\$	\$ <u>8,033,888.08</u>
	☐ Common     □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Limited Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$	\$8,033,088.08
	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 Purchase
	Accredited Investors	13	\$ <u>8,033,088.08</u>
	Non-accredited Investors	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 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$_N/A_
	Rule 504	N/A	\$N/A_
	Total	N/A_	\$ N/A
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 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		
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify) miscellaneous including printing and anticipated filing fees		<b>■</b> \$ 1,500.00
	$T_{-4-1}$	-	5 A A A = A A A A

C. OFFERING PRICE, NUM	MBER OF INVESTORS, EXPENSES AND U	SE OF PROCE	EDS
b. Enter the differences between the aggreg Question 1 and total expenses furnished	gate offering price given in response to Part C – in response to Part C - Question 4.a. This the issuer."		\$7,946,588
be used for each of the purposes shown. If the an estimate and check the box to the left of	gross proceeds to the issuer used or proposed to the amount of any purpose is not known, furnish f the estimate. The total of the payments listed to the issuer set forth in response to Part C -		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		\$	<b>\$</b>
Purchase of real estate		\$	<b>\$</b>
Purchase, rental or leasing and installat	ion of machinery and equipment	\$	<b>S</b>
offering that may be used in exchange t	g the value of securities involved in this for the assets or securities of another issuer	¢.	- 0
•		\$	
1 0		\$	
• .		\$	
Other (specify):		\$	<b>S</b>
		\$	<b></b> \$
Column Totals		\$	XX \$7,946.588
Total Payments Listed (column totals a	dded)	XX \$ 7.946	,588.08
	D. FEDERAL SIGNATURE		
ollowing signature constitutes an undertaking b	gned by the undersigned duly authorized person by the issuer to furnish to the U.S. Securities and her to any non-accredited investor pursuant to par	Exchange Com	mission, upon writte
ssuer (Print or Type)	Signature		Date
Rosum Corporation	Jam Spelly		April 23, 2003
Jame of Signer (Print or Type)	Title of Signer (Print or Type)		
James J. Spilker, Jr.	Chief Executive Officer		
		<del>-</del>	
	ATTENTION		

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

		E. STATE SIGNATURE	
1.	• • •	262 presently subject to any of the disqualification pro-	
		See Appendix, Column 5, for state response	
2.	The undersigned issuer hereby under Form D (17 CFR 239.500) at such time	rtakes to furnish to any state administrator of any states as required by state law.	tate in which this notice is filed, a notice on
3.	The undersigned issuer hereby undert to offerees.	akes to furnish to the state administrators, upon writte	en request, information furnished by the issuer
4.	Offering Exemption (ULOE) of the	t the issuer is familiar with the conditions that must be state in which this notice is filed and understands th ing that these conditions have been satisfied.	
	e issuer has read this notification and dersigned duly authorized person.	knows the contents to be true and has duly caused	this notice to be signed on its behalf of the
Iss	uer (Print or Type)	Signature	Date
	Rosum Corporation	an John	April 23, 2003
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	
	James J. Spilker, Jr.	Chief Executive Officer	

#### Instruction:

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.

•				APP	ENDIX					
1	Intend To non-a Investor	to sell accredited s in State -Item 1)	Type of security And aggregate Offering price Offered in state (Part C-Item 1)	·	amount pur	investor and chased in State C-Item 2)		Disqual under Sta (if yes explan waiver gra	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
STATE	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR			<b>D</b> 1 00 1							
CA		X	Purchase of Series A Preferred Stock	9	\$5,283,888.38	0	N/A		X	
СО			·							
CT				···						
DE										
DC										
FL	· · · · · · · · · · · · · · · · · · ·									
GA	<del></del>									
HI										
ID	···-									
IL										
IN								<del>  -</del>		
IA										
KS										
KY										
LA										
ME										
MD		v	Purchase of Series	2	62 400 000 07	0	TAT/A		v	
MA		X	A Preferred Stock	3	\$2,499,999.87	0	N/A		X	
MI				: 						
MN	<u> </u>				1					
MS				<del></del>	<u> </u>					
МО										
MT								<u> </u>		

				APP	ENDIX	<u> </u>			
1	Intend To non-a Investor	to sell accredited s in State -Item 1)	Type of security And aggregate Offering price Offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
STATE	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE	103	110		Investors	Amount	Investors	ranount	103	
NV									
NH									
NJ									
NM									
NY	W 100 I								
NC	•								
ND									
ОН									
ок									
OR			·						
PA									
RI									
SC									
SD		_							
TN			D. I. CC.				· · · · · · · · · · · · · · · · · · ·		
TX		X	Purchase of Series A Preferred Stock	1	\$249,999.83	0	N/A		X
UT			-						
VT									
VA									
WA									
WI									
WV									
WY									
PR								<u> </u>	