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 APPROVAL | | | | | | | | | |
|--------------------------|-----------------------|----------|--------------|-------|--|--|--|--|--|--|
| OI | OMB Number: 3235-0076 | | | | | | | | | |
| Ex | pires: | May | May 31, 2005 | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| ho | urs per f | orm | •••• | 16.00 | | | | | | |
| | SE | C USE OI | NLY | | | | | | | |
| | Prefix | | Serial | | | | | | | |
| | | | | | | | | | | |
| | DATE RECEIVED | | | | | | | | | |
| | DAT | TE RECEI | VE |) | | | | | | |

| Name of Offering (check is | f this is an amendment a | nd name has ch | anged, and ind | icate change.) | | |
|----------------------------------|--------------------------|------------------|------------------|----------------------------|---|-----------------------------|
| Series D Preferred Stock Fin: | | | | | | |
| Filing Under (Check box(es) th | at apply): Rule 504 | □ Rule 505 | ☑ Rule 506 | ☐ Section 4(6) | □ ULOE | PROCESSEL |
| | | | | | | |
| Type of Filing: ☐ New Filing | ☑ Amendment | | | | | 1 MAY 1 / 2002 |
| | | A. BASIC IDE | NTIFICATIO | ON DATA | | MAI 14 Z003 |
| 1. Enter the information reque | | | | | | THOMSON |
| Name of Issuer (check if the | his is an amendment and | name has chan | ged, and indic | ate change.) | | FINANCIAL |
| CaseCentral, Inc. | | | | | | |
| Address of Executive Offices | | (Number and S | treet, City, Sta | te, Zip Code) | Telephone N | umber (Including Area Code) |
| 760 Market Street, Suite 200, | | | | | (415) 989-23 | |
| Address of Principal Business | | (Number and S | treet, City, Sta | te, Zip Code) | Telephone N | umber (Including Area Code) |
| (if different from Executive Of | fices) | | | | | |
| Brief Description of Business | | | | | , | |
| Web based solution which pr | | secure access to | o sensitive inf | ormation via the | web. | SOCIETY CO |
| Type of Business Organization | | | _ | | 200 | Joseph Company |
| ☑ corporation | ☐ limited partnership | | d | \square other (please sp | ecify): 🦯 🗼 🠧 | MAY 1.2 2003 >> |
| □ business trust | ☐ limited partnership | , to be formed | | | | NAT II |
| | | , | <i>t</i> | | 1 | |
| Astroday Pathwated Data of Inc | | | | Year | □ A - + + + + + + + + + + + + + + + + + + | Estimated 7 |
| Actual or Estimated Date of Inc | corporation or Organizat | ion: 0 | 9 9 | 3 | ☑ Actual □ | Estimated |
| To the World of CV | O (T) | 1-44 II C P | 1.0 | in a dada in the | 4 | |
| Jurisdiction of Incorporation or | · · | | | | | Y 11)USIS |
| | CN to | or Canada: FN f | or other foreig | n jurisdiction) | CA | 11/カル/ |

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.

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; 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) Kruse, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 760 Market Street, Suite 200, San Francisco, California 94102 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kruse, Peter Business or Residence Address (Number and Street, City, State, Zip Code) 760 Market Street, Suite 200, San Francisco, California 94102 ☑ Beneficial Owner ☐ Director Check Box(es) that Apply ☐ Promoter ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Advanced Technology Ventures IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 485 Ramona Street, Palo Alto, California 94301 Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Housatonic Equity Investors, SBIC L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 88 Kearney Street, Suite 1610, San Francisco, California 94108 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply ☐ Promoter ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Henkens, Jos Business or Residence Address (Number and Street, City, State, Zip Code) 760 Market Street, Suite 200, San Francisco, California 94102 ☐ Beneficial Owner ☐ Executive Officer ☑ Director Check Box(es) that Apply ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Reynolds, Barry Business or Residence Address (Number and Street, City, State, Zip Code) 760 Market Street, Suite 200, San Francisco, California 94102 ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter Check Box(es) that Apply Managing Partner Full Name (Last name first, if individual) Wynn, Terence Business or Residence Address (Number and Street, City, State, Zip Code) 760 Market Street, Suite 200, San Francisco, California 94102 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 of 8

| | | | | | В. І | NFORM. | ATION A | BOUT C | FFERIN | G | | | <u>-</u> | <u> </u> |
|------------------------------|--------------------------------------|-----------------------------------|--|---|------------------------------|--------------------------------------|---|------------------------------|------------------------------|---|------------------------------|--|------------|----------|
| | | | | | | | | | | | | | Yes | No |
| 1. H | as the iss | suer sold | , or does | the issuer | intend to | sell, to no | n-accredit | ed investo | ors in this | offering?. | | | | Ø |
| | | | Answe | er also in A | Appendix, | Column 2 | 2, if filing | under UI | OE. | | | | | |
| 2. V | Vhat is th | e minim | um inves | tment tha | t will be a | ccepted fr | om any in | idividual? | | | | | \$ | |
| | | | | | | | | | | | | | <u>Yes</u> | No |
| 3. D | oes the o | ffering p | ermit joi | nt owners | hip of a si | ngle unit? | *************************************** | | ••••• | •••••• | | | | |
| o li o | r similar sted is ar f the bro | remuner n associa ker or de | ration for ted perso caler. If r | solicitation n or agent nore than | on of purc t of a brok | hasers in er or deal ersons to | connectio er register | n with sal | es of secu ne SEC an | rities in to d/or with | he offerin a state or | ely, any commission g. If a person to be states, list the name or dealer, you may | | |
| Full Nam N/A | ne (Last n | ame first | , if individ | lual) | | | | | | | | | | |
| Business | or Reside | ence Add | ress (Nun | nber and S | treet, City, | State, Zip | Code) | | | | | | | |
| Name of | Associate | ed Broke | r or Deale | r | _··_ | | | | _ | <u> </u> | | | | |
| States in | Which Po | erson List | ted Has So | olicited or | Intends to | Solicit Pu | rchasers | | | | | | | |
| (Checl | k "All Sta | ates" or cl | heck indiv | idual Stat | es) | | | | ••••• | | | | | 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] | | |
| | ne (Last n | | if individ | lual) | | | | | | | | | | |
| Business | or Reside | ence Add | ress (Nun | iber and S | treet, City, | State, Zip | Code) | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of | Associate | ed Brokei | or Deale | r | | | | | | | | | | |
| States in | Which Pe | erson List | ed Has So | olicited or | Intends to | Solicit Pu | rchasers | | | | | | | |
| (Checl | k "All Sta | ites" or cl | neck indiv | idual State | es) | *********** | | | , | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,, | | □ All : | 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] | | |
| Full Nam | e (Last n | ame first, | if individ | lual) | | | | | | | | | _ | |
| Business | or Reside | ence Add | ress (Nun | nber and S | treet, City, | State, Zip | Code) | | <u></u> | | | | | |
| Name of | Associate | ed Broker | or Deale | r | | | | | | | | | | |
| States in | Which Pe | erson List | ed Has So | olicited or | Intends to | Solicit Pu | rchasers | | | | | | | |
| (Check | c"All Sta | ites" or cl | neck indiv | idual State | es) | | | | | | ••••• | τ | ∃ All S | 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] | | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O | F PROCEED | S | | |
|----|---|-------------------------|----|------------------|---|
| 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 TM and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | • | |
| | Type of Security | Aggregat Offering Pr | | An | nount Already Sold |
| | Debt | \$ | | _ \$ | · · · · · · · · · · · · · · · · · · · |
| | Equity | \$ _2,500,000. | 50 | _ \$_2 | 2,343,876.00 |
| | ☑ Common ☑ Preferred | | | | |
| | Convertible Securities (including warrants) | \$ | | _ \$ | |
| | Partnership Interests | \$ | | | |
| | Other (Specify)) | \$ | | _ \$ | |
| | Total | \$ 2,500,000.5 | 50 | \$ 2 | ,343,876.00 |
| | 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." | | | | |
| | | Number Investors | | D | Aggregate ollar Amount of Purchases |
| | Accredited Investors | 8 | | _ \$ <u>_2</u> . | ,343,876.00 |
| | Non-accredited Investors | 0 | | _ \$ | 0 |
| | Total (for filings under Rule 504 only) | N/A | | _ \$ | N/A |
| | 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 | | De | ollar 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 an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | | \$ | N/A |
| | Printing and Engraving Costs | | | \$ | N/A |
| | Legal Fees | | Ø | \$ | 20,000.00 |
| | Accounting Fees | | | \$ | N/A |
| | Engineering Fees. | | | \$ | N/A |
| | Sales Commissions (specify finders' fees separately) | | | \$ | N/A |
| | Other Expenses (identify) | | | \$ | N/A |
| | Total | | M | \$ | 20,000.00 |

| | C. OFFERING PRICE, NUMBER | | | | EDS | |
|------------|---|--|----------|---|--------------|------------------------|
| tot | Enter the difference between the aggregate offering pri- al expenses furnished in response to Part C – Questi- ceeds to the issuer." | on 4.a. This difference is the | 'adjuste | ed gross | | \$ <u>2,323,876.00</u> |
| eac the | icate below the amount of the adjusted gross proceeds h of the purposes shown. If the amount for any purpo box to the left of the estimate. The total of the p ceeds to the issuer set forth in response to Part C - Ques | se is not known, furnish an estir | nate an | d check | | |
| | | | | Payments to Officers, Directors & Affiliates | | Payments to Others |
| | Salaries and fees | | . 🗆 | \$ 0 | | \$ <u>0</u> |
| | Purchase of real estate | ······································ | . 🗆 | \$ <u>0</u> | | \$ <u>0</u> |
| - | Purchase, rental or leasing and installation of machine | y and equipment | . 🗆 | \$ <u>0</u> | | \$ 0 |
| | Construction or leasing of plant buildings and facilities | S | . 🗆 | \$ <u>0</u> | | \$ <u>0</u> |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger) | securities of another issuer | | \$ <u>0</u> | | \$ <u>0</u> |
| | Repayment of indebtedness | | . 🗆 | \$ <u>0</u> | | \$ <u>0</u> |
| | Working capital | | . 🗆 | \$ <u>0</u> | Ø | \$ |
| | Other (specify): | | . 🗆 | \$ <u>0</u> | | \$ <u>0</u> |
| | | | | \$ <u>0</u> | _ 🗆 | \$_0 |
| | Column Totals | | . 🗆 | \$_0 | Ø | \$2,323,876.00 |
| | Total Payments Listed (column totals added) | | | Ø \$ <u>2,3</u> | 23,876. | .00 |
| | | | | | | |
| | |). FEDERAL SIGNATURE | | | | |
| ignat | suer has duly caused this notice to be signed by the user constitutes an undertaking by the issuer to furnish ation furnished by the issuer to any non-accredited investigation. | to the U.S. Securities and Exc | hange (| Commission, upon w | | |
| | (Print or Type) entral, Inc. | Signature | | | Date May_ | 8,2003 |
| | of Signer (Print or Type) opher Kruse | Title of Eigner (Ryler or Type) Chief Executive Officer | | | | |

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 pres | ently subject to any of the disqualification pro | visions of such rule? Yes No |
| | See Ap | opendix, Column 5, for state response. | |
| 2. | The undersigned issuer hereby undertakes to on Form D (17 CFR 239.500) at such times | o furnish to any state administrator of any stat as required by state law. | e in which this notice is filed, a notice |
| 3. | The undersigned issuer hereby undertakes to the issuer to offerees. | o furnish to the state administrators, upon wri | itten request, information furnished by |
| 4. | Uniform Limited Offering Exemption (ULC | issuer is familiar with the conditions that n DE) of the state in which this notice is filed and den of establishing that these conditions have | d understands that the issuer claiming |
| | suer has read this notification and knows the cigned duly authorized person. | contents to be true and has duly caused this n | otice to be signed on its behalf by the |
| | (Print or Type) Central, Inc. | Signature | Date May 8, 2003 |
| | (Print or Type) stopher Kruse | Title of Signer (Print or Type) 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.

| Number of Non-Accredited (Part B-Hern I) Number of (Part C-Hern I) Number of (Part C-Hern I) (Part C-Her | | | | | APPI | ENDIX | | | | | |
|--|----|----------|---------------------------|---|---|----------------|--------------------|----------|---|--|--|
| State Ves No | 1 | to non-a | accredited rs in State | and aggregate offering price offered in state | 4 Type of investor and amount purchased in State | | | | under State ULOE (if yes, attach explanation of waiver granted) | | |
| AK | | Yes | No | | Accredited | Amount | Non- Accredited | Amount | Yes | No | |
| AZ | | | | | | | | | | | |
| AR CA | AK | | | | | | | | | | |
| CA X Series D Preferred & Common Stock S2,207,976.00 7 \$2,207,976.00 0 X CO CT Image: Common Stock S2,207,976.00 Image: Common Stock S1,207,976.00 Image: Common Stock S1,35,900.00 Image: Common Stock | AZ | | | | | | | | | | |
| CO Common Stock S2,207,976.00 CO CT CT CT CT CT CT CT | AR | | | | | | | | | | |
| DE D | CA | | X | Common Stock | 7 | \$2,207,976.00 | 0 | 0 | | Х | |
| DE | CO | | | | | | | | | | |
| DC FL | CT | | | | | | | - | | | |
| FL GA | DE | | | | | | | | | | |
| GA | DC | | | | | | | | | | |
| HI | FL | | | | | | | | | | |
| ID | GA | | | | | | | | | | |
| IL | HI | | | | | | | | | | |
| IN | ID | | | | | | | | | | |
| IA | IL | | | | | 1 | 1 | <u> </u> | | † | |
| KS Image: Control of the c | IN | | | | | | | | | | |
| KY IA IA< | IA | | | | | | | | | | |
| LA Image: Common Stock S135,900.00 | KS | | | | | | | | | | |
| ME | KY | | - | | | | | | | | |
| MD Series D Preferred & Common Stock \$135,900.00 1 \$135,900.00 0 0 X MI MN MS 1 \$135,900.00 0 0 0 X | LA | | | | | | | | | | |
| MA X Series D Preferred & Common Stock \$135,900.00 1 \$135,900.00 0 0 X MI MN MS Image: Common Stock \$135,900.00 Image: Common Stock \$1 | ME | | | | | | | | | | |
| Common Stock S135,900.00 | MD | | | | | | | | | | |
| MN MS MS | MA | | х | Common Stock | 1 | \$135,900.00 | 0 | 0 | | X | |
| MS | MI | | | | | | : | | | | |
| | MN | | | | | | | | | | |
| MO | MS | | | | | | | · | | | |
| | МО | | | | | | | | | | |

| | | | | AP | PENDIX | | | | |
|----------|---------|------------|--|------------|--|------------------|-------------|------------|----------------------|
| 1 | | 2 | 3 | | 5 | | | | |
| | | | m 6 . | } | | | | Disqual | ification |
| | 1 | 411 | Type of security | | | | | | ite ULOE |
| | | to sell | and aggregate | | Time of | f investor and | | | , attach ation of |
| | | s in State | offering price offered in state | | | rchased in State | | | granted) |
| | | -Item 1) | (Part C-Item 1) | | (Part | : C-Item 2) | | (Part F | -Item 1) |
| <u> </u> | (Yurt B | | (Turt o moni i) | Number of | (147) | Number of | | . (2 437 2 | 10111 |
| | | } | | Accredited | • | Non-Accredited | | · | |
| State | Yes | No | | Investors | Amount | Investors | Amount | Yes | No |
| MT | | | | | ··· | | | | |
| NE | | <u></u> | | | | | | | |
| NV | | | | | | · | | | |
| NH | | | | | | | | | |
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| UT | | | 15 | , | | | | | |
| VT | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | X | Series D Preferred & Common Stock \$156,124.50 | | | | <u> </u> | | |
| WV | | | | | | | • | | |
| WI | | | | | | | | | |
| WY | | | | | | | | | |
| PR | | | | | | | | | |