

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

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden

#### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

sec use only

THOMSON FINANCIAL

DATE RECEIVED

Serial

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Subordinated Promissory Note with accompanying Common Units Filing Under (Check box(es) that apply): 1 Rule 504 X ] Rule 506 Section 4(6) 1 ULOE Type of Filing: [ ] New Filing [X] Amendment 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.) MAE, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (704) 372-035507 10420 Park Road, Suite 300, Charlotte, NC 28210 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as above. Brief Description of Business Provider of contract engineering technical services to Fortune 1000 companies. Type of Business Organization [X] other (please specify): limited liability company ] corporation limited partnership, already formed ] business trust [ ] limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or [ 12 ] [ 02 ] [X] Actual [] Estimated Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> (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 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.

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 in 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 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;
  - Fach 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.	arthers of particising
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [] Director	[X] Member of Board of Managers
Full Name (Last name first, if individual) Mackie, IV, George M.	
Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300,	Charlotte NC 28210
Check Box(es) that Apply: [ ] Promoter [X]Beneficial Owner [] Executive Officer [] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) Wakefield Group III, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) 1110 East Morehead Street,	Charlotte, NC 28204
Check Box(es) that $[\ ]$ Promoter $[X]$ Beneficial $[\ ]$ Executive Officer $[\ ]$ Director $[\ Apply:$	] Member of Board of Managers
Full Name (Last name first, if individual) Petra Mezzanine Fund, L.P.	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code) 172 2 <sup>nd</sup> Ave. N., Suite 112, Na	ashville, TN 37201
Check Box(es) that [ ] Promoter [ ] Beneficial [ X ] Executive Officer [ ] Director [ Apply: Owner	Member of Board of Managers
Full Name (Last name first, if individual) Gilleland, Coleman	
Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300,	Charlotte, NC 28210

Check Box(es) that [ ] Promoter [X] Beneficial [X] Executive Officer [ ] Director [ ] Member of Board of Apply:  Full Name (Last name first, if individual) Williams, Roger  Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210  Check Box(es) that [ ] Promoter [ ] Beneficial [X] Executive Officer [ ] Director [ ] Member of Board of Apply:  Full Name (Last name first, if individual) Bass, Jaimie  Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210  Check Box(es) that [ ] Promoter [ ] Beneficial [X] Executive Officer [ ] Director [ ] Member of Board of Managers  Full Name (Last name first, if individual) Bass, Jaimie
Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210  Check Box(es) that [ ] Promoter [ ] Beneficial [X] Executive Officer [ ] Director [ ] Member of Board of Apply:  Full Name (Last name first, if individual) Bass, Jaimie  Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210
Check Box(es) that [ ] Promoter [ ] Beneficial [X] Executive Officer [ ] Director [ ] Member of Board of Apply:  Full Name (Last name first, if individual) Bass, Jaimie  Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210
Apply: Owner Managers  Full Name (Last name first, if individual) Bass, Jaimie  Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210
Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210
Chal David Ada [1] David Challe [1] David Challe [2] Divid Color [2] Divid [2] M. 1 Challe
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Officer [ ] Director [ X] Member of Board of Managers
Full Name (Last name first, if individual) Elliott, Michael F.
Business or Residence Address (Number and Street, City, State, Zip Code) 1110 East Morehead Street, Charlotte, NC 28204
Check Box(es) that [ ] Promoter [ X] Beneficial [ ] Executive Officer [ ] Director [ ] Member of Board of Apply:  Owner  Owner
Full Name (Last name first, if individual) Millennium Resources, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 10420 Park Road, Suite 300, Charlotte, NC 28210
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Officer [ ] Director [ ] Member of Board of Apply: Owner Managers
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Officer [ ] Director [ ] Member of Board of Apply:  Owner  Owner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive Officer [ ] Director [ ] Member of Board of Apply:  Owner  Managers
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

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

					B. INFO	)RMAT	ION ABO	UT OF	FERING				
1. Has	the issuer	sold, or	does the i	ssuer inte	end to sell	, to non-a	accredited	linvestor	s in this o	ffering?.		Yes [ ]	No [ <b>X</b> ]
Answei	also in A	Appendix	, Column	2, if filin	ıg under U	JLOE.							
2. Wha	t is the m	inimum i	nvestmen	t that wil	l be accep	oted from	any indiv	vidual?		••••		\$ N/A	
3. Does	the offer	ing perm	it joint ov	vnership	of a singl	e unit?	••••••					Yes [X]	No [ ]
indirect securiti register persons	ly, any coes in the ed with to be lis	ommissio offering. he SEC a	on or simi If a perso nd/or with sociated p	lar remun n to be lis h a state o	neration for sted is an or states, l	or solicita associate list the na	en or will ation of pu ed person ame of the dealer, yo	irchasers or agent of broker o	in connector a broker the dealer.	ction with er or deal If more th	n sales of er nan five (5)	)	
Full Na	me (Last	name fire	st, if indiv	/idual)			<del></del>			***************************************			
Busin	ess or Re	sidence A	ddress (N	Jumber a	nd Street,	City, Sta	ate, Zip C	ode)	-				
								***					
Name	of Assoc	iated Bro	ker or De	aler									
States	in Whicl	Person 1	Listed Ha	s Solicite	d or Inter	nds to So	licit Purch	nasers	<u> </u>			<u> </u>	
(Check [AL]	"All Stat	es" or che [AZ]	eck indivi [AR]	idual Stat [CA]	es) [CO]	 [CT]	[DE]	[DC]	[FL]	[ ] [GA]	All States [HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
			st, if indiv										
			ddress (Noker or De		nd Street,	City, Sta	ate, Zip C	ode)					
					d or Inter	ids to So	licit Purch	nasers			-	····	
								-					
(Check	"All Stat	es" or ch	eck indiv	idual Stat	es)					[ ]	All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[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

1. Enter the aggregate offering price of securities included in this offering and total amount already sold. Enter "0" if answer is "none" or "zero." If transaction is an exchange offering, check this box " and indicate in the columbelow the amounts of the securities offered for exchange and already exchanged	the nns	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$ 51,292	\$ 51,292
[X] Common [ ] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ <b>0</b>	\$ 0
Other (Specify:).	\$ 0	\$ 0
Total	\$ 51,292	\$ 51,292
Answer also in Appendix, Column 3, if filing under ULOE.		
purchases. For offerings under Rule 504, indicate the number of persons who ha purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ve Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$ 51,292
Non-accredited Investors	0	\$ 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, 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	[X]\$	
Legal Fees	[X]\$8,	000
Accounting Fees	[X]\$2,	000
Engineering Fees	[] \$	<u> </u>
Sales Commissions (specify finders' fees separately)	[] \$	
Other Expenses (identify)	[]	
Total	[X]\$10	,000
b. Enter the difference between the aggregate offering price given in response to Part C – Questotal expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted g proceeds to the issuer."		,292
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to bused for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equate adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities		[]\$

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Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[X] \$41,292
Other (specify):	[]\$	[]\$
	[]\$	[]\$
Column Totals	[]\$	[X] \$41,292
Total Payments Listed (column totals added)	[X] \$41,29	2

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#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under, <u>Rule 505</u> the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
MAE, LLC	200	511512003

### ATTENTION

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

E. STATE SIGNATURI	Ε.	STA	TE	SI	GN	AT	URE
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1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No [ ] [X]

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 notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date				
MAE, LLC	5/15/2003				
Name of Signer (Print or Type)	Title (Print or Type)				
Name of Signer (Print or Type)	Attorney signing on behalf of George M. Mackie, IV,				
J. Brit Young	the President and Chief Executive Officer of				
	MAE, LLC				

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.

# APPENDIX

1	Intend to non-a investor	2 1 to sell accredited as in State 1-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)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Subordinated Promissory Note with accompanying Common Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		X	0						X
AK		X	0						X
ΑZ		X	0						X
AR		X	0						X
CA		X	0						X
со		X	0						X
СТ		X	0						X
DE		X	0						X
DC		X	0			-			X
FL		X	0						X
GA		X	0						X
ні		X	0						X
ID		X	0						X
IL		X	0						X
IN		X	0						X
IA		X	0						X
KS		X	0						X
KY		X	0						X
LA		X	0						X
ME		X	0						X
MD		X	0						X
MA		X	0						X
MI		X	0						X

1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)  4  Type of security and aggregate offered in state (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Subordinated Promissory Note with accompanying Common Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MN	-	X	0						X
MS		X	0						X
МО		X	0						X
MΤ		X	0						X
NE		X	0	_					X
NV		X	0						X
NH		X	0						X
NJ		X	0						X
NM		X	0						X
NY		X	0						X
NC	7-7-9-1	X	0						X
ND		X	0						X
ОН		X	0						X
OK		X	0						X
OR		X	0						X
PA		X	0						X
RI		X	0						X
SC		X	0						X
SD		X	0					·	X
TN		X	\$51,292	1	\$51,292				X
TX		X	0						X
UT	ALLE	X	0						X
VT		X	0						X
VA		X	0						X
WA		X	0						X
WV		X	0						X

1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	7	Type of investor and amount purchased in State (Part C-Item 2)			under S (if ye expla waive	5 alification state ULOE es, attach nation of r granted) E-Item 1)
State	Yes	No	Subordinated Promissory Note with accompanying Common Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WI		X	0						X
WY		X	0						X
PR		X	0						Х