FORM D

1001502 UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 1998
Estimated average burden
hours per response....... 16.00

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NOTICE OF SALE OF SECURITIES © \$ 2003 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (Check if this is an amendment and name has changed, and indicate change) Sale of Series C Cumulative Convertible Preference Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 4(6) Type of Filing: New Filing Amendment BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer FINANCIA Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Nextec Applications, Inc. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices 2611 Commerce Way, Vista, CA 92083 760-597-5700 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) if different from Executive Offices) same same **3rief Description of Business** Nextec Applications, Inc. is engaged in the development, manufacture and sale of various products using certain fabric encapsulating technology. Type of Business Organization orporation \(\sim \) limited partnership, already formed other (please specify): business trust formed limited partnership, to be Year Mo Actual or Estimated Date of Incorporation or Organization: 🛛 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: A

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 e 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.

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

A. BASIC IDENTIFICATION DATA	
c/o The Endeavors Group LLC 10850 West Park Place, Suite 980 Milwaukee, WI 53224	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Michael Cudahy	
Full Name (Last name first, if individual)	Managing Partner
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	General and/or
c/o J. P. Morgan Partners 50 California Street Suite 2940 San Francisco, CA	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) Michael Boyd	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	General and/or Managing Partner
c/o Michael Pruzan Soros Private Equity Partners 888 Seventh Avenue, 32nd Floor New Yo	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Quantum Industrial Partners LDC	
Full Name (Last name first, if individual)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
46155 Fairmount Boulevard Hunting Valley, OH 44022	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) Fabric Partners	
	Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
c/o Shahan Soghikian J. P. Morgan Partners 50 California Street Suite 2940 San Francisc	eo, CA
Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name first, if individual) J. P. Morgan Partners (SBIC), LLC	
	Managing Partner
c/o GE Asset Management Incorporated 3003 Summer Street Stamford CT 06904 ATTN: Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Business or Residence Address (Number and Street, City, State, Zip Code)	Cordon McCroth
General Electric Pension Trust	
Full Name (Last name first, if individual)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or Managing Partner
c/o Michael Cudahy 10850 West Park Place, Suite 980 Milwaukee, WI 53224	
Business or Residence Address (Number and Street, City, State, Zip Code)	
The Endeavors Group LLC	
Full Name (Last name first, if individual)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
• Each general and managing partner of partnership issuers.	
Each executive officer and director of corporate issuers and of corporate general and management of the second of the secon	ging partners of partnership issuers; and
securities of the issuer;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or dispose	sition of, 10% or more of a class of equit
• Each promoter of the issuer, if the issuer has been organized within the past five years;	

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 disposecurities of the issuer; 	sition of, 10% or more of a class of equi-
• Each executive officer and director of corporate issuers and of corporate general and manage	ging 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)	
Peter Ellman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2611 Commerce Way, Vista, CA 92083	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Michael Pruzan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2/o Soros Private Equity Partners 888 Seventh Avenue, 32 nd Floor New York, NY 10106	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Walter L. Robb	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Vantage Management 300 Troy-Schenectady Road, Schenectady, NY 12309	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	General and/or
	Managing Partner
Full Name (Last name first, if individual) David Wiederecht	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o GE Asset Management Incorporated 3003 Summer Street Stamford CT 06904	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Donald Duncan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2611 Commerce Way, Vista, CA 92083	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Christopher Pierson	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
2611 Commerce Way, Vista, CA 92083	
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 and Street, City, State, Zip Code)	

Enter the information requested for the following:

				B. IN	VFORMAT	TION ABO	UT OFFE	RING				
l. Has th	ne issuer sol	d, or does t			, to non-aco Appendix, (?	••••••		Yes No ⊠
. What	is the minin	num investi	ment that w	ill be accep	oted from a	ny individu	al?		•••••		\$_	N/A
3. Does	the offering	permit joir	it ownershi	p of a singl	e unit?				••••••			Yes No □
comm a pers states	the informations in the information or sire in the instruction to be listed, list the name or dealer, yet in the intervals in the information in the infor	nilar remur ed is an ass ne of the br	neration for sociated per oker or dea	solicitation son or ager ler. If more	of purchas it of a broke than five (sers in conr er or dealer 5) persons	nection with registered to be listed	n sales of se with the SI	ecurities in EC and/or v	the offering vith a state		N/A
Full Name	(Last name	first, if inc	lividual)									
3usiness o	or Residence	Address (1	Number and	d Street, Ci	ty, State, Zi	ip Code)						
Name of A	Associated B	roker or D	ealer								,	
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers			<u> </u>		 -	
(Check	"All States"	or check ir	ndividual St	tates)								All State:
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA]	[AR] [KS] [NH]	[CA] [KY]	[CO] [LA] [NM]	[CT] [ME]	[DE] [MD]	[DC] [MA] [ND]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[RI]	[SC]	[NV] [SD]	[TN]	[NJ] [TX]	[UT]	[NY] [VT]	[NC] [VA]	[WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name			[]	[+-]	<u> </u>	[J			£J		[]
	or Residence			d Street, Ci	ty, State, Zi	p Code)						
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers						
(Check '	"All States"	or check ir	ndividual St	ates)		,						All State:
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)				<u> </u>					
3usiness o	r Residence	Address (1	Number and	1 Street, Ci	ty, State, Zi	p Code)		<u> </u>		· <u> </u>		
Name of A	Associated B	roker or De	ealer								<u>.</u> .	
States in V	Vhich Person	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers						
(Check '	"All States"	or check in	idividual St	ates)						•••••		All State:
[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] [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]

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

<u> </u>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE 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,	OF I	PROCEEDS		
	check this box \boxtimes and indicate in the columns below the amounts of the securities offered for				
	exchange and already exchanged.				
		_	Aggregate	Aı	nount Already
	Type of Security	C	Offering Price		Sold
	Debt	\$	0	\$	0
	Equity	\$_	5,000,000	\$	5,000,000
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_	0	\$_	0
	Partnership Interests	\$_	0	\$_	0
	Other (Specify)	\$_	0	\$_	00
	Total		5,000,000	\$_	5,000,000
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."	Nu	mber Investors		Aggregate Ilar Amount o Purchases
	Accredited Investors		15	\$_	5,000,000
	Non-accredited Investors		0		0
	Total (for filings under Rule 504 only)				
3.	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	D	ollar Amount
	Type of offering		Security		Sold
	Rule 505		0	\$_	0
	Regulation A		0	\$_	0
	Rule 504		0	\$_	0
	Total		0	\$_	0
f .	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 not 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		브	\$_	
	Printing and Engraving Costs			\$_	
	Legal Fees		🖂	\$_	25,000
	Accounting Fees			\$_	
	Engineering Fees			\$_	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)			\$	
	Total		Z	\$	25,000
				-	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEED	S
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 4,975,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used 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 equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	i	
	Payments to	
	Officers,	
	Directors &	
	Affiliates	Payments To Other
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	. [] \$0	[] \$0
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)	. 🗆 \$0	\$0
Payment of indebtedness	. 🗆 💲 0	\$ 2,510,074
Working Capital	. 🗆 \$0	■ \$ 2,464,926
Other (specify):	. 🗆 \$0	🗆 \$0
Column Totals	. 🗆 💲0	■ \$ 4,975,000
Total Payments Listed (column totals added)		4,975,000
D. EEDEDAY CICNATURE		
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conhe information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of land to the undersigned duly authorized person. If this nature is the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of land to the undersigned duly authorized person. If this nature is the information furnished by the issuer to furnish to the U.S. Securities and Exchange Conhection for the undersigned duly authorized person. If this nature is the undersigned duly authorized person is the information furnished by the issuer to furnish to the U.S. Securities and Exchange Conhection for the undersigned duly authorized person.	mmission, upon wr	
ssuer (Print or Type)	Date	
Nextec Applications, Inc.	Augu	st 6 , 2003
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Mark D. Kaufman Assistant Secretary		
	<u> </u>	<u> </u>
ATTENTION		
ATTENTION	(0. 10115.3	4004.)
Intentional misstatements or omissions of fact constitute federal criminal violation	ons. (See 18 U.S.C	1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No
	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 (17 CFR 239.500) at such times as required by state law.	notice o	n Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnishe offerees.	d by the	issuer (
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the avexemption has the burden of establishing that these conditions have been satisfied.		
	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 authorized person.	y the un	dersigne
	r (Print or Type) Signature Date	,	
	e of Signer (Print or Type) August Title of Signer (Print or Type)	, 2003	

Assistant Secretary

'nstruction.

Mark D. Kaufman

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 nust be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEN	DIX					
1	Intend to non-a investor	to sell accredited as in State -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	Sale of Series C Cumultive Preference Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL				<u></u>						
AK										
AZ										
AR										
CA		X	\$875,000		2	0	0		X	
CO										
CT		X	\$750,000		1	0	0		X	
DE										
DC	1									
FL	L	X	\$50,000		1	0	0		X	
GA										
HI										
ID										
IL										
IN										
IA									<u> </u>	
KS										
KY										
LA										
ME										
MD						<u> </u>				
MA										
MI										
MN										
MS										
MO										

-				APPEN	DIX				: :	
1	Intend 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)		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	Sale of Convertible Promissory Notes and Warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH .										
NJ]									
NM										
NY		X	\$2,087,966		6	0	0		X	
NC										
ND										
ОН		X	\$66,690.97		2	0	0		X	
OK										
OR										
PA									-	
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA					······································					
WV										
WI		Х	\$1,049,224		2	0	0		X	
WY										
PR							-			