	UNITE	D STATES		^	OMB	APPROVAL
	SECURITIES AND EX	CHANGE CO	OMMISSION 2		OMB number	
	Washingto	n, D.C. 20549			Expires:	May 31, 2005
		,		FCEIVED	Estimated aver	
	FO	RM D			hours per resp	onse 1.00
	NOTICE OF SAI	LE OF SECUI	RITIES AUG	1 4 2003	11	
			12	2003	SEC.	USE ONLY
	PURSUANT TO SECTION	REGULATI 4(6), AND/OI	, (C.1	105 55	Prefix	Serial
	UNIFORM LIMITED	OFFERING E	EXEMPTION		DATE	RECEIVED
03059263			123398	2		
Name of Offering: (check in this is at Chlorogen, Inc approximately			• ,).001 per sh	are.	
Filing Under (Check box(es) that apply:	☐ Rule 504	Rule 505		Rule 4		JLOE
Type of Filing: New Fi		Raic 505	ZZ 14016 200	Rule 4	(0)	LOL
Type of Timig.	- 	DENTIFICAT	ON DATA			
		DENTIFICAL	ON DATA			
1. Enter the information requested a						
Name of Issuer: (check if this is an a Chlorogen, Inc.	mendment and name has ch	anged, and indic	ate change.)			
Address of Executive Offices	Number	and Street City	State, Zip Code)	Telephon	e Number (Incl	uding Area Code)
893 North Warson Road, St. Lou	,			(314) 81	,	
Address of Principal Business Operation (if different from Executive Offices)	s (Number	and Street, City,	State, Zip Code)	Telephone	e Number (Incl	uding Area Code)
Brief Description of Business					000	CESSED

GENERAL INSTRUCTIONS

Plant Biotechnology

Type of Business Organization:

orporation

business trust

Actual or Estimated Date of Incorporation or Organization

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).

CN for Canada; FN for other foreign jurisdiction)

Month

June

other (please specify):

□ Actual

DE

Year

2001

AUG 1 5 2003

FINANCIAL

☐ Estimated

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 the 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.

limited partnership, already formed

limited partnership, to be formed

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postage Service abbreviation for State:

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 sate 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 pat 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 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 IDEI	NIIFICATION DATA		
 Each beneficial owne issuer; Each executive office Each general and mar 	issuer, if the issu r having the pow rr and director of naging partner of	er has been organized with er to vote or dispose, or d corporate issuers and of c partnership issuers.	irect the vote or dispositi	naging partners	more of a class of equity securities of the s of partnership issuers; and
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in Daniell, Henry					
Business or Residence Address c/o University of Central	,	,	•	ando, FL 328	316
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if it Wyse, Roger	ndividual)				
Business or Residence Address One Embarcadero Cente					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if it Caulder, Jerry	ndividual)				
Business or Residence Address 16852 Circa Del Norte, R)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if it Clarke, Roddy J.H.	ndividual)				
Business or Residence Address 500 Beacon Parkway We	•		e)		
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if it Alder, G. Michael	ndividual)				
Business or Residence Address 500 Beacon Parkway We	•	-	·)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Duncan, David N.	ndividual)		,		
Business or Residence Address c/o 893 North Warson Ro					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Burrill Agbio Capital Fund	II, L.P.				
Business or Residence Address One Embarcadero Center, S			·)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if it Burrill Nutraceuticals C					
Business or Residence Address One Embarcadero Cente					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Paradigm Venture Partn					
Business or Residence Address 500 Beacon Parkway We	,		*)	-	

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Prolog Capital A, L.P.	ndividual)				
Business or Residence Address 7733 Forsyth Blvd., Suite	•		:)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Prolog Capital B, L.P.,	ndividual)				
Business or Residence Address 7733 Forsyth Blvd., Suite	•	• • • • •)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Emerging Technology P					
Business or Residence Address 500 Beacon Parkway We			e)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		

D. INFORMATION ADOUT OFFEDING
B. INFORMATION ABOUT OFFERING Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
2. What is the minimum investment that will be accepted from any individual?
Yes No 3. Does the offering permit joint ownership of a single unit?
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 names 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.
Full Name (Last name first, if individual) N/A
Business or Resident Address (Number and Street, City, State, Zip Code)
N/A
Name of Associated Broker or Dealer
N/A
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [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] [WV] [WY] [PR]
Full Name (Last name first, if individual)
Business or Resident Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual 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] [NV] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Resident Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [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]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	OF PROCEEDS	
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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 8,507,309	\$ 5,025,899.55
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	<u>\$</u>	\$
	Other (Specify)	\$	<u>\$</u>
	Total	\$ 8,507,309	\$ 5,025,899.55
	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".		
		N7 1	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	6	\$ 5,025,899.55
	Non-accredited Investors	0	\$ (
	Total (for filings under Rule 504 only)		\$ 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	Dollar Amount Sold
	Rule 505	N/A	<u>\$</u> N/A
	Regulation A	N/A	\$ N/A
	Rule 504	N/A	<u>\$</u> N/A
	Total	N/A	<u>\$ N/A</u>
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 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		\$ 150,000
	Accounting Fees		\$ (
	Engineering Fees		\$ (
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$
	Other Expenses (identify):		\$ (
	Total		\$ 150,000
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 an expense furnished in response to Part C – Question 4.a. This difference is the "adjusted gross procee issuer."	eds to the	<u>\$ 4,875,899.55</u>

C.	OFFERING PRICE	NUMBER	OF INVESTORS	EXPENSES AT	ND USE C	TE PROCEEDS
•	OFFERING FRICE	. IT CHAIDEN	OF HIVESTONS	LAILIGEGA	JU USE C	JE EKVICEDA

Indicate below the amount of the adjusted gross proceeds to the issuer user or proposed to be used

Total Payments Listed (column totals added).....

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. Payments to Officers, Directors, Payments to and Affiliates Others \$1,709,999.85 Salaries and fees Purchase of real estate..... ☐ \$ □ \$ 0 0 Purchase, rental or leasing and installation of machinery and equipment..... 0 0 0 Construction or leasing of plant building and facilities..... □ \$ <u>\$</u> 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 0 pursuant to a merger) Repayment of indebtedness \square \$ □ \$ ☐ \$
_____ Working capital 0 **S** 3,165,899.70 Other (specify): □ \$ 0 □ \$ 0 Column Totals **\$1,709,999.85** \$ 3,165,899.70

\$ 4,875,899.55

signature constitutes an undertaking by the issuer	ed by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange Conceredited investor pursuant to paragraph (b)(2) of R	mmission, upon written request of its staff, the
Issuer (Print or Type) Chlorogen, Inc.	Stgneture Dune	Date August <u>/ 3</u> , 2003
Name of Signer (Print or Type David N. Duncan	Title of Signer (Print or Type) Chief Executive Officer	

Attention

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