## FORM D

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

# FORM D

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

OMB APPROVAL						
OMB Number: 3235-0076						
Expires: May 31, 200						
Estimated average burden						
hours per respo	nse 16.00					

SEC USE ONLY							
Prefix Serial							
DATE RE	CEIVED						
1	1						

	<u> </u>
Name of Offering ( check if this is an amendment and name has changed, and indicate changed	e.)
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section Section Section Rule 504 X Rule 505 Rule 506 Section Rule 506 Rule 506 Rule 506 Rule 506 Section Rule 506	on 4(6) ULOE
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.)  RFCyber Corp.	, 03059359
Address of Executive Offices (Number and Street, City, State, Zip C 882 N. Hillview Drive, Milpitas, CA 95035	Code) Telephone Number (Including Area Code) (408) 935–8866
Address of Principal Business Operations (Number and Street, City, State, Zip (if different from Executive Offices)  Same as above	Code) Telephone Number (Including Area Code)
Brief Description of Business Software product and service	PROCESSED
Type of Business Organization    X   corporation   limited partnership, already formed   limited partnership, to be formed   limited partnership, already formed	other (please specify): AUG 1 4 2003
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for 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 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 predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who 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.

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#### 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; and Each general and managing partner of partnership issuers. Beneficial Owner Director Promoter X Executive Officer General and/or Check Box(es) that Apply: П Managing Partner Full Name (Last name first, if individual) Hsin Pan Business or Residence Address (Number and Street, City, State, Zip Code) 1979 Garden Bing Circle, San Jose, CA 95131 Promoter ⊠ Beneficial Owner Executive Officer X Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Liang Seng Koh Business or Residence Address (Number and Street, City, State, Zip Code) 41291 Carmen Street, Fremont, CA 94539 Executive Officer ☐ Beneficial Owner M Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Fu-liang Cho Business or Residence Address (Number and Street, City, State, Zip Code) 1209 Walleye Common, Fremont, CA 94536 Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Fu-tong Cho Business or Residence Address (Number and Street, City, State, Zip Code) 397 Sandhurst Dr., Milpitas, CA 95035 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Check Box(es) that Apply: Promoter 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) Promoter Check Box(es) that Apply: ☐ 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, State, Zip Code)

					В.	INFORMA	TION ABO	UT OFFER	ING				
												Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									••••••				
	Answer also in Appendix, Column 2, if filing under ULOE.									•	# 1 E	000	
2.	2. What is the minimum investment that will be accepted from any individual?										••••••		,000
3.	3. Does the offering permit joint ownership of a single unit?											Yes	No
4.											directly, any		
	If a pers	son to be lis	sted is an as	sociated p	erson or ag	ent of a bro	ker or deal	er registere	d with the	SEC and/or	the offering r with a state sons of such	:	
			, you may s							ocialed per	50115 O1 Such		
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Jumber an	d Street, C	ity, State, 2	Zip Code)		<del>,</del>				
Nar	ne of As	sociated B	roker or De	aler									
Stat			Listed Ha										
	(Check	"All State:	s" or check	individua	States)	••••••					••••••	☐ Al	1 States
	AL	AK	ΑZ	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 I	NV	NH	NJ	NM	NY	NC)	ND	OH	OK	OR	PA
	RÎ	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (	Last name	first, if ind	ividual)		<u> </u>							
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity. State.	Zip Code)		· · · · · · · · · · · · · · · · · · ·				
										·			
Nan	ne of Ass	ociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del>.</del>	· <u>·</u>				
	(Check	"All States	" or check	individual	States)	*****************			***************************************				States
	[AL]	[AK]	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ΠD
		[N]	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
Full	Name (I	ast name	first, if indi	vidual)					· · · · · · · · · · · · · · · · · · ·				
Bue	iness or	Residence	Address (N	Jumber an	d Street C	ity State	Zin Code)						
Dus	iness of	Residence	riddiess (1	tunibej an	<u> </u>		Bip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	ıler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				·····		
	(Check	"All States	" or check	individual	States)	•••••••	***************************************		***************************************			☐ All	States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	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
	177	30	امن	لكلك		<u> </u>	لنبت	14.23	17 1 1	11.41	لشتت	لشنت	لكشكا

(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 the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		.e
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ \$
	Equity	\$60,000	s 60,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	
	Partnership Interests	\$	\$
	Other (Specify)		
	Total		\$ 60,000
	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."		Aggregate
		Number Investors 4	Dollar Amount of Purchases 60,000
	Accredited Investors		· •
	Non-accredited Investors		
	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		\$
	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 insurer. 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		\$
	Legal Fees		\$ <u>1,000</u>
	Accounting Fees		\$
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	_	_
	Other Expenses (identify)	_	\$
	Total		\$

		E. STATE SIGNATURE	是 <b>《美国教授》</b>							
1.		Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
		See Appendix, Column 5, for state respon	nse.							
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times	· · · · · · · · · · · · · · · · · · ·	y state in which this notice is filed a notice on Form							
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	limited Offering Exemption (ULOF		nat must be satisfied to be entitled to the Uniform iderstands that the issuer claiming the availability atisfied.							
	uer has read this notification and know thorized person.	s the contents to be true and has duly caused this r	notice to be signed on its behalf by the undersigned							
ssuer (	Print or Type)	Signature	, Date							
RFCy	ber Corp.	Ci R Chax	7/31/03							
	Print or Type)	Title (Print of Type)								
C. P	. Chang	Issuer's Counsel								

## 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.

	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C-proceeds to the issuer."	- Question 4.a. This difference is the "adjusted	gross	s_59,000
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estimate of the payments listed must equal the adjusted	e and	
			Payments Officers Directors, Affiliates	& Payments to
	Salaries and fees		\$	🗆 \$
	Purchase of real estate		🗆 \$	· 🗆 \$
	Purchase, rental or leasing and installation of ma	achinery		\$
	Construction or leasing of plant buildings and fa	acilities	s	s
	Acquisition of other businesses (including the viorifering that may be used in exchange for the as issuer pursuant to a merger)	alue of securities involved in this sets or securities of another		
	Repayment of indebtedness			<del></del>
	Working capital			
	Other (specify):		\$	
			 \$	[]\$
	Column Totals		\$	[] \$
	Total Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE		
sign	ssuer has duly caused this notice to be signed by th ture constitutes an undertaking by the issuer to fu formation furnished by the issuer to any non-ac	e undersigned duly authorized person. If this n	otice is filed under	r Rule 505, the following
Issu R	r (Print or Type) Cyber Corp.	Signature C-Rellay	Date 7/31/03	
	e of Signer (Print or Type)	Title of Signer (Print or Type) Issuer's Counsel		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

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

### APPENDIX 5 2 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Amount Investors Amount Yes No State Yes No AL ΑK AZAR Equity \$60,000 CA 4 \$60,000 CO CTDE DC FL GA Н ID ΙL IN IA KS KY LA ME MD MA MI MN MS

## APPENDIX

1	2 3			4				5 Diamalification		
	to non-a	i to sell accredited as in State a-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)				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	
МО										
MT										
NE										
NV	<del></del>					/				
NH										
NJ	-									
NM										
NY										
NC										
ND										
ОН									,	
ОК								. <u></u>		
OR							<u> </u>			
PA		<u>.</u>								
RI					·					
sc										
SD										
TN										
TX				<u> </u>						
UT										
VT							·			
VA										
WA										
wv										
WI				·						

APPENDIX													
1	1 2 3 A												
	to non-a	to sell accredited is 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		amount purchased in State				Type of investor and amount purchased in State		under St (if yes explan waiver	lification late ULOE , attach lation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													