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

FORM D



Olvib Approvai
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate of the changed of the chang	change.)
S2 Security Corporation Common Stock Offering	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DAT	A
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)
S2 Security Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6 Abbott Road, Wellesley, MA 02481	781-238-0800
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
The construction of the co	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	oner (prease specify).
Month Y	ear
Actual or Estimated Date of Incorporation or Organization: 0 8 0	2 Actual EstimpROCESSED
	- TRUCLUILU
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	
CN for Canada; FN for other foreign jurisdiction	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
CENEDAL INSTRUCTIONS	YHOWSOM

GENERAL INSTRUCTIONS

HOIVISON INANCIAL

Federal:

03059436

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.

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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: ⊠ Beneficial Owner □ Director ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Moss, John L. **Business or Residence Address** (Number and Street, City, State, Zip Code) 6 Abbott Road, Wellesley, MA 02481 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) DiNatale, Nicholas (Number and Street, City, State, Zip Code) **Business or Residence Address** 6 Abbott Road, Wellesley, MA 02481 ☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Welles, Michael H. (Number and Street, City, State, Zip Code) Business or Residence Address 6 Abbott Road, Wellesley, MA 02481 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address 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) 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) Check Box(es) that Apply: ☐ Director ☐ 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)

A. BASIC IDENTIFICATION DATA

		A. BASIC IDENTI	FICATION DATA							
2. Enter the information reques	sted for the follo	wing:								
Each promoter of the is	ssuer, if the issue	er has been organized within the	ne past five years;							
 Each beneficial owner 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. 										
	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	1 Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	Street, City, State, Zip Code)	1							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	1 Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if inc	tividual)									
Business or Residence Address	(Number and	Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Business or Residence Address	(Number and	Street, City, State, Zip Code)								

				B.	INFORMA	TION ABO	UT OFFER	ING				
1 Has	the issuer solo	i. or does the	e issuer inten	d to sell to r	on-accredite	d investors i	n this offerir	199				es No
1. 1100	the losuer sole	i, or does are			dix, Column			·6·		••••••		
2. Wh:	at is the minim	um investme				-					§	50,000.00
•••••	***************************************					•••••					Ye	s No
	s the offering		•	_							_	3 🗆
soli regi	er the informat citation of pure stered with the uch a broker o	chasers in co SEC and/or	nnection wit with a state	h sales of sec or states, list	curities in the t the name of	e offering. If the broker of	a person to l or dealer. If r	be listed is ar	associated	person or ag	ent of a brok	er or dealer
Full Na	me (Last name	e first, if ind	ividual)									
Busines	s or Residence	Address (N	lumber and S	Street, City, S	State, Zip)							
									····			
Name o	f Associated B	roker or Dea	aler									
	n Which Person											
(Ch	eck "All States	s" or check in	ndividual Sta	ites)								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]
	me (Last name					 						- -
Busines	s or Residence	Address (N	lumber and S	Street, City, S	State, Zip)							
Name o	f Associated B	Broker or Dea	aler	- 								
	n Which Person					-	*******************************					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	THI	[ID]
[11]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last name	e first, if indi	ividual)									
Busines	s or Residence	Address (N	Tumber and S	Street, City, S	State, Zip)			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		· · · · · · · · · · · · · · · · · · ·		 _
Name o	f Associated B	broker or Dea	aler									
	n Which Person											AU States
	eck "All States											
[AL] [IL]	[AK] [IN]	[AZ] πΔ1	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
լռեյ [MT]	[NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] {OR}	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Type of Security Debt	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.			
Equity		Type of Security		:	
Convertible Securities (including warrants)		Debt	\$		\$
Convertible Securities (including warrants)		Equity	\$4,000,000.00		\$2,675,000.00
Convertible Securities (including warrants)					
Partnership Interests		-	\$		\$
Other (Specify					
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter 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					
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter 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					
2. Enter 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			\$ <u>4.000.000.00</u>	_	\$ <u>2.075.000.00</u>
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		Answer also in Appendix, Column 5, if filing under OLOE.			
Accredited Investors	2.	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			
Non-accredited Investors			Number Investo	irs	Amount of
Total (for filings under Rule 504)		Accredited Investors	48	_	\$2,675,000.00
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 Rule 505		Non-accredited Investors		_	\$
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 Rule 505 Regulation A. Rule 504 Total. 3 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 Legal Fees. Accounting Fees Segionering Fees Sales Commissions (specify finders' fees separately).		Total (for filings under Rule 504)			\$
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 Rule 505 Regulation A. Rule 504 Total. 3 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 Legal Fees. Accounting Fees Segionering Fees Sales Commissions (specify finders' fees separately).		Answer also in Appendix, Column 4, if filing under ULOE.			
Type of Offering Rule 505	3.	the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of	T. 6.0		D.II. A
Regulation A		Type of Offering	Type of Securi	ty	
Regulation A		Rule 505			\$
\$				_	\$
\$		Rule 504			\$
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 \$	4.	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		_	
Legal Fees		Transfer Agent's Fees			\$
Accounting Fees		Printing and Engraving Costs			\$
Engineering Fees		Legal Fees.		\boxtimes	\$25,000.00
Engineering Fees		Accounting Fees		_	
Sales Commissions (specify finders' fees separately)		Engineering Fees			
		Sales Commissions (specify finders' fees separately)	••••		
Other Expenses (identity) State runing rees (<u>IMA-\$300;CA-\$150;C1-\$150;WIN-\$50;K1-\$500;YA-\$250)</u>		Other Expenses (identify) State Filing Fees (MA-\$500:CA-\$150:CT-\$150:MN-\$50:RI-\$300:TX-\$500:VA-\$2		\boxtimes	\$1.900.00

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

\$_26,900.00

	C. OFFERING PRICE, NUMI	BER OF INVESTOR	RS, EXPENSES AN	D USI	OF PROCE	EDS	
and	Enter the difference between the aggregate offering prototal expenses furnished in response to Part C – Quest eeds to the issuer."	ion 4.a. This differen	ce is the "adjusted g	ross			\$ <u>2,648,000.00</u>
each the	cate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any purpose pox to the left of the estimate. The total of the payereds to the issuer set forth in response to Part C – Questions.	e is not known, furnis ments listed must e	h an estimate and ch	reck			
					Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees				\$		\$
	Purchase of real estate				\$	_ 🗆	\$
	Purchase, rental or leasing and installation of machiner	y and equipment	•••••		\$	_ □	\$
	Construction or leasing of plant buildings and facilities	***************************************			\$	_ □	\$
	Acquisition of other businesses (including the value of hat may be used in exchange for the assets or securitie nerger)	s of another issuer pu	rsuant to a	1	•		·
	Repayment of indebtedness				\$		5
	Working capital				\$		<u>\$</u>
	Ç I			Ш	\$	🛛	\$2,648,100.00
,	Other (specify):			_			
					\$	_ 0	\$
1	Column Totals				\$	🛛	\$ <u>2,648,100.00</u>
	Total Payments Listed (column totals added)		<u>.</u>		№ \$2,6	48,100.00	
		D. FEDERAL SIG	NATURE				
onstitu	er has duly caused this notice to be signed by the unde es an undertaking by the issuer to furnish to the U.S. S d by the issuer to any non-accredited investor pursuant	ecurities and Exchan	ge Commission, upo				
suer (I	rint or Type)	Signature				Date	
	S2 Security Corporation	Ser le				July 24	, 2003
ame o	Signer (Print or Type)	Title of Signer (Pri	nt or Type)			-1	
	John L. Moss	Presiden	t				

-ATTENTION-

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

	E. STATE SIGNATURE	
1.	Yes No 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?	
	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.	

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.

establishing that these conditions have been satisfied.

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

Issuer (Print or Type)	Signature	Date
S2 Security Corporation		July 24, 2003
Name (Print or Type)	Title (Print of Type)	
John L. Moss	President	

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.

				AFIC							
1	Intend to sell to non-accredited investors in State (Part B-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		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA		X	Common Stock, US \$.83.33 per share	1	\$100,000.00	0			Х		
СО											
СТ		X	Common Stock, US \$.83.33 per share	1	\$100,000.00	0			X		
DE											
DC											
FL		X	Common Stock, US \$.83.33 per share	1	\$50,000.00	0			х		
GA											
Н											
ID						Marine War War					
1L											
IN											
IA											
KS								<u></u>			
KY		-									
LA		ļ									
ME											
MD											
MA		X	Common Stock, US \$.83.33 per share	38	\$2,075,000.00	0			x		
MI											
MN		x	Common Stock, US \$.83.33 per share	1	\$50,000.00	0			Х		
_MO											

APPENDIX

				APPE	NDIX				
1	Intend to non-ac investors (Part B-	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type o amount p (Pa		5 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
MS									
МТ									
NE									
NV									
NH									
NJ		х	Common Stock, US \$.83.33 per share	144	\$50,000.00	0			X
NM									
NY		X	Common Stock, US \$.83.33 per share	2	\$100,000.00	0			Х
NC									
ND									
ОН									
OK									
OR									
PA									
RI		Х	Common Stock, US \$.83.33 per share	1	\$50,000.00	0			X
SC						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SD									
TN									
TX		х	Common Stock, US \$.83.33 per share	1	\$50,000.00	0			х
UT									
VT									
VA		х	Common Stock, US \$.83.33 per share	1	\$50,000.00	0			X
WA									
wv									
WI									
WY	·			9.0	60				

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