FORM D

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

FORM D

NOTICE OF SALE OF SECURITIES 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.)
Series A Preferred Stock Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) UNDER AUG 2 5 2003
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Soligence Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1009 Clark Way, Palo Alto, CA 94304 (650) 269-8022
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
if different from Executive Offices) N/A
Brief Description of Business
Software design and sales
Fype of Business Organization Software design and sales Type of Business Organization Corporation Dimited partnership, already formed Dimited partnership, to be formed Month Year Month Year
☑ corporation ☐ limited partnership, already formed ☐ other (please specify):
□ business trust □ limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: 10 02 Actual Estimated THOMSON FINANCIAL

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).

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.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal 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 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 estate 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; 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: ☐ Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Yuval Spector Business or Residence Address (Number and Street, City, State, Zip Code) 1009 Clark Way, Palo Alto, CA 94304 Check Box(es) that Apply: Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Tuvik Beker Business or Residence Address (Number and Street, City, State, Zip Code) 1009 Clark Way, Palo Alto, CA 94304 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gal Chechik Business or Residence Address (Number and Street, City, State, Zip Code) Moshav Beit-Hanan, 76868, Israel Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer **⊠** Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Amnon Lipkin-Shahak Business or Residence Address (Number and Street, City, State, Zip Code) 54 Ibn-Gvirol St., Tel-Aviv Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Labrador Ventures IV L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 101 University Avenue, 4th Floor, Palo Alto, CA 94301 Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Larry Kubal Business or Residence Address (Number and Street, City, State, Zip Code)

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101 University Avenue, 4th Floor, Palo Alto, CA 94301

	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Nina Ebert	, if individual)				
Business or Residence Add 101 University A		nd Street, City, State, Zipor, Palo Alto, CA 9430			
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 Add	lress (Number a	and Street, City, State, Zij	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 Add	lress (Number a	nd Street, City, State, Zij	Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
		☐ Beneficial Owner	☐ Executive Officer	□ Director	
Full Name (Last name first	, if individual)			□ Director	
Full Name (Last name first Business or Residence Add	, if individual) dress (Number a			□ Director	Managing Partner ☐ General and/or
Full Name (Last name first Business or Residence Add Check Box(es) that Apply:	, if individual) dress (Number a	and Street, City, State, Zi	p Code)		Managing Partner
Full Name (Last name first Business or Residence Add Check Box(es) that Apply: Full Name (Last name first	, if individual) dress (Number a □ Promoter ; if individual)	and Street, City, State, Zij □ Beneficial Owner	p Code) □ Executive Officer		Managing Partner ☐ General and/or
Check Box(es) that Apply: Full Name (Last name first Business or Residence Add Check Box(es) that Apply: Full Name (Last name first Business or Residence Add Check Box(es) that Apply:	if individual) dress (Number a Promoter if individual) dress (Number a	and Street, City, State, Zij □ Beneficial Owner	p Code) □ Executive Officer		Managing Partner ☐ General and/or

					B. INFO	ORMATI	ON ABO	UT OFFI	ERING					
													Yes	No
l. Ha	s the issue	r sold, or	does the is	suer inter	nd to sell,	to non-acc	credited in	vestors in	this offer	ing?		•••••		
			answer als				-						<u>X</u>	
2. W	hat is the	minimum	investmer	t that will	be accep	ted from a	my individ	dual?					\$ <u>N/A</u>	
2 7	d 00		ta tutua u.	l·	C:1-								Yes	No
												ny commission	<u>X</u>	
or lis of	similar re ted is an a	munerationssociated ror dealer	on for solic person or r. If more	citation of agent of a than five	f purchase a broker o e (5) perso	rs in cont r dealer re ns to be l	nection wi	th sales o vith the Sl	f securitie EC and/or	s in the o	ffering. I	f a person to be es, list the name dealer, you may	: :	
Full Name	(Last nam	ne first, if i	ndividual)											
Business o	or Residence	ce Address	(Number	and Street	, City, Stat	te, Zip Coo	de)							
Name of A	Associated	Broker or	Dealer								, <u></u>			
States in V	Vhich Pers	on Listed I	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers							
(Check	"All State:	s" or check	c individua	l States)								1	⊐ All :	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [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]		
Full Name	e (Last nan	ne first, if i	ndividual)											
Business of	or Residen	ce Address	(Number	and Street	, City, Stat	te, Zip Coo	de)							
Name of A	Associated	Broker or	Dealer					-dedd-						
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Soli	cit Purcha	sers						_	
(Check	"All State	s" or check	c individua	l States)	•••••				•••••	••••••			□ All :	States
[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]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
run Ivanie	CLast Hall	ie iust, ii i	naiviauai)											
Business of	or Residen	ce Address	(Number	and Street	, City, Sta	te, Zip Coo	de)							
Nama of		Design on	Declar											
Taille of A	Associated	DIOKET OF	Dealer											
States in V	Which Pers	on Listed	Has Solici	ed or Inter	nds to Soli	cit Purcha	sers					-F-M-		
(Check	"All State	s" or checl	c individua	l States)	•••••							1	⊐ All :	States
CATS	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[AL]	[TX17													
[AL] [IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		

, C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEE	S	
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 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security Series AA	Aggrega Offering P		Amount Already Sold
Debt	\$		\$
Equity	\$_695,000	<u>60</u>	\$ 695,000.60
□ Common ☑ Preferred			
Convertible Securities (including warrants)	\$		\$
Partnership Interests	\$		\$
Other (Specify))	\$		\$
Total	\$ 695,000	60	\$ 695,000.60
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."			
	Numbe Investor	-	Aggregate Dollar Amount of Purchases
Accredited Investors	10		\$ 695,000.60
Non-accredited Investors			s
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 o		Dollar Amount Sold
Rule 505	Security	!	\$ Soid
Regulation A			\$
		_	3
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 ar estimate and check the box to the left of the estimate.			\$
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees		\boxtimes	\$ 25,000.00
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (specify finders' fees separately)			\$
Other Expenses (identify)			\$
Total		⊠	\$25,000.00

	- Control - Cont				
	, NUMBER OF INVESTORS, EXPE			EDS	
b. Enter the difference between the aggregate total expenses furnished in response to Part proceeds to the issuer."	C - Question 4.a. This difference is	the "adjuste	ed gross		\$670,000.40
5. Indicate below the amount of the adjusted groeach of the purposes shown. If the amount for the box to the left of the estimate. The total of to the issuer set forth in response to Part C - Qu	r any purpose is not known, furnish an the payments listed must equal the adju	estimate an	d check		
			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 a	nd facilities		\$		\$
Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)	the assets or securities of another issuer		\$		\$
Repayment of indebtedness		🗖	\$		\$
Working capital ⁱ			\$	_ 🛭	\$ 670,000.60
Other (specify):		0	\$	_ 🗆	\$
			\$		\$
Column Totals			\$	⊠	\$ 670,000.60
Total Payments Listed (column totals adde			\$ 670,000.60	_	Ψ <u> </u>
		···	- <u>-</u>		
	D. FEDERAL SIGNATUR	RE			
The issuer has duly caused this notice to be sign signature constitutes an undertaking by the issue information furnished by the issuer to any non-accordance.	r to furnish to the U.S. Securities and	Exchange	Commission, upon		
Issuer (Print or Type)	Signature		7,	Date	
Soligence Corporation			[7]	Augu	st 18, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Typ	pe)	· · · · · · · · · · · · · · · · · · ·		
Yuval Spector	President & Chief Execut	ive Officer			

ATTENTION

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

C IDAMONISTICS I

 $^{^{1}}$ Includes other operating expenses.