1162370

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

OMB APPE	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respon	nse16.00

SEC USE ONLY								
Prefix .	Serial							
DATE RE	CEIVED							
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UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Offering of Series B Preferred Stock 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 DATA	1881 1488 11101 81101 81101 81101 10100 10100 1111 81110 1111
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) IQStat Inc.	03059980
Address of Executive Offices (Number and Street, City, State, Zip Code) 2115 Country Ridge Road Alpharetta, GA 30004	Telephone Number (including Area Code) (678) 473-8518
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provides wireless tracking systems.	<u></u>
Type of Business Organization Corporation business trust limited partnership, already formed business trust limited partnership, to be formed	please specify): PROCESSEE
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be 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 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied 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 sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filling 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.

1 of 9

			BASIC IDE	NTIF	FICATION DATA					
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past 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	X	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Layman, Bruce E.										
Business or Residence Addre	-		_	=)						
2115 Country Ridge Ro					F 1. 0		Division		C1	
Check Box(es) that Apply:	Promoter	X 1	Beneficial Owner	X	Executive Officer	X	Director	L	General and/or Managing Partner	
Full Name (Last name first, if	individual)		•							
Ceresoli, Carl D.										
Business or Residence Addre	•			:)						
6560 Darlington Court				_						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	Ц	Executive Officer	×	Director	LJ	General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Homa, Kenneth E.										
Business or Residence Addre	ess (Number and S	treet, C	ity, State, Zip Code	;)						
9890 Windy Hollow Ro	ad, Great Falls,	VA 2	22066							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Leddy, Jeff										
Business or Residence Addre	•		• •	•						
c/o Rare Medium Group	p, Inc., 19 West	44th	Street, Suite 507	7, Ne	w York, NY 100	36				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Ross, Robert W.										
Business or Residence Addre	ess (Number and Si	treet, C	ity, State, Zip Code	:)						
34 Beach Walker Road,					_					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)									
Marshall, Harry A.										
Business or Residence Addre					. 450 4.1					
c/o Armada Venture Gr Check Box(es) that Apply:	Promoter		mont Road, NE,	Sui	Executive Officer	A 30	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)				<u></u>					
	•									
Armada Venture Capita Business or Residence Addre		reet, C	ity, State, Zip Code	:)						
c/o Armada Venture Gr			•		te 450, Atlanta. C	36 A	0305			
					nal copies of this she					

IQStat Inc.

Basic Identification Data Continued

Electronic System Products, Inc. 11450 Technology Circle Duluth, GA 30097 Beneficial Owner

Eric Berkobin Electronic System Products, Inc. 11450 Technology Circle Duluth, GA 30097 Director

Rare Medium Group, Inc. Attn: Jeff Leddy 19 West 44th Street, Suite 507 New York, NY 10036 Beneficial Owner

·											****	
				В	INFORMA	TION ABO	OUT OFFER	RING				
							_				Yes	No
I . Has the	I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											X
			· A	nswer also	in Appen	dix, Colum	n 2. if filin	g under UI	LOE.			
2. What is	the minir	num inves	tment that	will be acc	cepted fror	n any indi	vidual?				s <u>N/</u>	<u>A</u>
											Yes	No
3. Does the offering permit joint ownership of a single unit?											🗷	
			sted for ea									
			eration for ssociated p									
			broker or d									
			set forth th						-			
Full Name	(Last nam	e first, if in	dividual)							·		
Henley &	Associa	tes, Inc., A	Attn: Walt	ter Henley	y							
Business o	r Residenc	e Address	(Number a	nd Street. (City, State.	Zip Code)						
			3A 30342-	0678								
Name of A	ssociated	Broker or	Dealer									
States in V	Ithiah Daw	on Listed 1	Has Solicit	ad on Turon	da ta Calia	it Durahaa						
					ias to Solic	n Purchase	ers				F-10 A	11 04-4
(Спес	K An Sta	ies or chec	k individua	u States)		**************					X A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[NH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	<u>~</u>											
	-	e first, if in	idividual)									
Corry, Pe		ce Address	(Number a	nd Street	City State	Zin Code	`					
			c., P.O. B		• •		•					
		Broker or			-,							
States in V	Vhich Pers	son Listed	Has Solicit	ed or Inter	ids to Solic	it Purchase	ers					
(Chec	k "All Stat	tes" or chec	k individua	d States)	•••••	• • • • • • • • • • • • • • • • • • • •					🛣 🗚	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]	[N]]	[NM]	[NY]	[NC]	[ND]	[NH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
E. II Marer	(T and many	- C+ :C:	a::a									
Full Name	(Last nam	e msi. n m	dividual)									
Business o	r Residenc	e Address	(Number a	nd Street,	City, State	, Zip Code)	.,				
Name of A	ssociated	Broker or l	Dealer				 					
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					
			k individua				-					All States
[AL]	[AK]	[AZ]	_		[CO]	ורידי	(L)E1	וחכי	ובדי	[GA1	. –	
[IL]	[IN]	[AZ]	[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]	[NH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
			-	-	-	=				- •	· •	

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. Amount Already Aggregate Offering Price Sold Type of Security s 2,275,000 Common Preferred Other (Specify \$ 2,275,000 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 "O" if answer is *'none" or "zero.' Aggregate Number Dollar Amount Investors of Purchases \$ 2,275,000 Accredited Investors.....9 Non-accredited Investors..... 0 \$ 0 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

Rule 504		<u> </u>
Total.		s
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.	X	<u> 95,000</u>
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total	X	S 95,000

Rule 505 Regulation A

Dollar Amount

Sold

Type of Security

	OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	and total expenses furnished in response to Part C-	ering price given in response to Part CQuestion 1 -Question 4.a. This difference is the "adjusted gross		§2,180,000
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art CQuestion 4.b above.		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees] {	. S
	Purchase of real estate] \$	s
	Purchase, rental or leasing and installation of ma			
		cilities		
	Acquisition of other businesses (including the va offering that may be used in exchange for the as-	alue of securities involved in this sets or securities of another	_ ¬ :	
	Working capital		」• ¬s	\$ 2,100,000
] S	. 🗆 \$
	Column Totals	[] \$	\$ 2,180,000
	Total Payments Listed (column totals added)		x \$ <u>2</u> ,	180,000
Γ		D. FEDERAL SIGNATURE	···	
sig	nature constitutes an undertaking by the issuer to fi	the undersigned duly authorized person. If this notice is smish to the U.S. Securities and Exchange Commiss redited investor pursuant to paragraph (b)(2) of Rule	ion, upon writter	
İssi	er (Print or Type)	Signature	Date	
IQ	Stat Inc.	(05)/	August 25, 200	3
	ne of Signer (Print or Type)	Title of Signer (Print or Type)	··· ·	
Br	uce E. Layman	Chief Financial Officer		

- ATTENTION -

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

		E. STATE SIGNATURE		
1.		presently subject to any of the disqualification	Yes	No Z
	Se	ee Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to D (I 7 CFR 239.500) at such times as requir	furnish to any state administrator of any state in which this notice is fixed by state law.	led a not	ice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators. upon written request, informati	ion furni	ished by the
4.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that must be satisfied to be enti state in which this notice is filed and understands that the issuer claim shing that these conditions have been satisfied.		
	er has read this notification and knows the con horized person.	tents to be true and has duly caused this notice to be signed on its behal	f by the	undersigned
Issuer (F	rint or Type)	Signature		
IQStat	Inc.	August 25, 2003	3	
Name (P	rint or Type)	Title (Print or Type)	<u>-</u>	
Bruce	E. Layman	Chief Financial Officer		

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.

				AF	PENDIX				
1	Intendation to non-a	2 I to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 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									
со									
СТ				ļ.,					
DE									
DC									
FL		X	Series B Preferred; \$550,000	4	\$550,000	0	0		X
GA		X	Series B Preferred; \$1,050,000	2	\$1,050,000	0	0 .		X
ні									
ID									
IL		X	Series B Preferred; \$125,000	1	\$125,000	0	0		X
IN									
IA									
KS									
KY									
LA									
МЕ									
MD									
МА									
MI									
MN									
MS									

				APP	PENDIX				
1	Intend to non-a investor	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	 								
МТ									
NE					<u> </u>				
NV									
NH									
NJ									
NM									
NY		X	Series B Preferred; \$250,000	1	\$250,000	0	0		X
NC									
ND									
ОН			ļ						
ок									
OR									
PA									
RI									
sc	· · · · · ·								
SD		* .							
TN									
тx									
UT									
VT									
VA		X	Series B Preferred; \$300,000	1	\$300,000	0	0		X
WA									
wv									
WI									

				APP	ENDIX				
1	Intend to non-a investor	2 If to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and urchased in State C-Item 2)	Disquunder S (if yes expla hased in State waive		ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									