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

FORM D

JAN 2 8 2004

OMB APPROVAL
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SEC USE ONLY
Prefix Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES 83
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| Private Placement of Class   |                 |                      | is changed, and in          | dicate change.)         |                       |                            |
|--|-----------------|----------------------|-----------------------------|-------------------------|-----------------------|----------------------------|
| Filing Under (Check box(es)  |                 | □ <u>Rule 504</u>    | □ Rule 505                  | X Rule 506              | ☐ Section 4(6)        | □ ULOE                     |
| Type of Filing: X New Filing   | ☐ Amendme       | nt                   |                             |                         |                       |                            |
|  |                 | A. BASIC             | IDENTIFICATION D            | ATA                     |                       |                            |
| 1. Enter the information reque<br>Name of Issuer (check if this<br>The PSG Offshore Fund, I  | is an amendm    |                      | changed, and indi           | cate change.)           | 04006                 | 1    11    10    10        |
| Address of Executive Offices   |                 | Street, City, State, | Zip Code)                   | l l                     | ephone Number (Inclu  | ding Area Code)            |
| - · · · · · · · · · · · · · · · · · · ·  |                 |                      |                             |                         | 4) 494-3384           |                            |
| Road Town, Tortola, Britis   |                 |                      | 0: 0: 7: 6                  |                         | 1 1 1 1               | <u> </u>                   |
| Address of Principal Business (if different from Executive Control of the Control |                 | Number and Street    | t, City, State, Zip C       | ode) lei                | ephone Number (Inclu  | ding Area Code)            |
| Brief Description of Business  |                 |                      |                             |                         |                       |                            |
| Private Investment Compar  |                 |                      |                             |                         |                       | PECCE                      |
| Type of Business Organization  |                 |                      |                             |                         |                       | PROCESSES                  |
| X corporation  | □ lir           | nited partnership, a | already formed              | □ ot                    | her (please specify): |                            |
| ☐ business trust   | □ lir           | nited partnership, t | to be formed                |                         | ()                    | JAN 3 O ZUU4               |
| Actual or Estimated Date of I<br>Jurisdiction of Incorporation of<br>(Enter two-letter U.S. Postal   | or Organization | n:                   | Month 0 1  N for Canada; FN | Yea 0 for other foreign | 4 x Actual □ Es       | THOMSON<br>stimatedNANCIAL |
|  |                 | ·                    |                             |                         |                       |                            |

## **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 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 in the notice constitutes a part of this notice and must be completed.

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# 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.

| Owner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   | Managing Partne  |
|--|--|
| Check Box(es) that Apply:  Promoter Beneficial Owner  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 Owner  Check Box(es) that Apply:  Promoter Downer  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter Downer  Executive Officer Director Owner  Check Box(es) that Apply:  Promoter Deneficial Director Director Owner | Managing Partner tor □ General and/or Managing Partne                  |
| Owner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   | Managing Partner tor □ General and/or Managing Partne                  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  | Managing Partne  |
| Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Direct   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   Executive Officer   Direct   Owner  | Managing Partne  |
| 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  Executive Officer  Direct  Owner   | Managing Partne  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter Beneficial Executive Officer Direct Owner   | tor. □ General and/or  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial ☐ Executive Officer ☐ ☐ Direction Owner  | tor □ General and/or   |
| Owner  | tor □ General and/or   |
|  | Managing Partne  |
| 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<br>Managing Partner                                     |
| Full Name (Last name first, if individual)   |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   | NUISININ NUINAAN SENTYY ISYY YY PURINTIPANYA MARIANIA NA SAASAA SAASAA |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial ☐ Executive Officer ☐ Director Owner   | ☐ General and/or<br>Managing Partner                                   |
| Full Name (Last name first, if individual)   |  |

|   |  |   |  | В.  | INFOR   | MATION   | ABOUT   | OFFER                                | ING                                   |                                       |                              |                              |         |
|---|--|---|--|---|---|--|---|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------|------------------------------|---------|
| offering                                  | ı? <b>.</b>  |   | does the   |   |   |  |   |                                      |                                       |                                       | Ye                           |                              | No<br>X |
| 2. Wha                                    | t is the m   | inimum ir                                       | ix, Colum<br>ivestment   | that will                                     | be accep  | ted from a   | any   |                                      |                                       |                                       | um initial                   |                              |         |
|   |  |   | ••••••   |   |   |  |   |                                      |                                       | •                                     | ກ subseq<br>Ye               |                              | •       |
| 3. Does                                   | s the offer  | ing perm  | it joint ow  | nership o                                     | f a single  | unit?  |   |                                      |                                       |                                       | X                            |                              | No<br>□ |
| indirect<br>sales of<br>broker<br>dealer. | lly, any co<br>of securiti<br>or dealer<br>If more | ommissio<br>es in the<br>registere<br>than five | equested in or simil offering. d with the (5) persormation for the contraction for the | lar remur<br>If a per<br>SEC an<br>ns to be I | neration for<br>son to be<br>d/or with<br>isted are | or solicita<br>e listed is<br>a state o<br>associate | ition of pu<br>an assor<br>states, l<br>ed person | irchasers<br>ciated pe<br>ist the na | in conne<br>erson or a<br>me of the   | ection with<br>agent of a<br>broker o | n<br>a<br>r                  |                              |         |
| Full Na                                   | me (Last   | name firs                                       | t, if indivi   | dual)   |   |  |   |                                      |                                       |                                       |                              |                              |         |
| Busine                                    | ss or Res  | idence A  | ddress (N  | umber ar                                      | nd Street,  | City, Stat   | te, Zip Co  | de)                                  |                                       |                                       |                              |                              |         |
| Name                                      | of Associa   | ated Brok                                       | er or Dea  | ler   |   |  |   |                                      |                                       |                                       | <del></del>                  |                              |         |
|   |  |   | isted Has<br>eck individ   |   |   |  |   |                                      |                                       |                                       | □ All Sta                    | tes                          |         |
| [AL]<br>[IL]<br>[MT]<br>[RI]              | [AK]<br>[IN]<br>[NE]<br>[SC]                       | [AZ]<br>[IA]<br>[NV]<br>[SD]                    | [AR]<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX]                  | [CO]<br>[LA]<br>[NM]<br>[UT]                        | [CT]<br>[ME]<br>[NY]<br>[VT]                         | [DE]<br>[MD]<br>[NC]<br>[VA]                      | [DC]<br>[MA]<br>[ND]<br>[WA]         | [FL]<br>[MI]<br>[OH]<br>[WV]          | [GA]<br>[MN]<br>[OK]<br>[WI]          | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |         |
| Full Na                                   | me (Last   | name firs                                       | st, if indivi  | dual)   | ••  |  |   |                                      |                                       |                                       |                              | <u> </u>                     |         |
| Busine                                    | ss or Res  | idence A  | ddress (N  | umber ar                                      | nd Street,  | City, Sta  | te, Zip Co  | de)                                  |                                       |                                       |                              |                              |         |
| Name                                      | of Associa   | ated Brok                                       | er or Dea  | ler   |   |  |   | ·                                    |                                       |                                       |                              |                              |         |
|   |  |   | isted Has  |   |   |  |   |                                      | <del>,</del>                          | · ····                                | □ All Stat                   |                              |         |
| ·   |  |   |  |   | ·   |  |   |                                      |                                       |                                       |                              |                              |         |
| [AL]<br>[IL]<br>[MT]<br>[RI]              | [AK]<br>[IN]<br>[NE]<br>[SC]                       | [AZ]<br>[IA]<br>[NV]<br>[SD]                    | [AR]<br>[KS]<br>[NH]<br>[TN]   | [KY]<br>[NJ]<br>[TX]                          | [LA]<br>[NM]<br>[UT]                                | [CT]<br>[ME]<br>[NY]<br>[VT]                         | [DE]<br>[MD]<br>[NC]<br>[VA]                      | [DC]<br>[MA]<br>[ND]<br>[WA]         | [FL]<br>[MI]<br>[OH]<br>[WV]          | [GA]<br>[MN]<br>[OK]<br>[WI]          | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |         |
| Full Na                                   | me (Last   | name firs                                       | st, if indivi  | dual)   |   |  |   | *,                                   | , , , , , , , , , , , , , , , , , , , |                                       |                              |                              |         |
| Busine                                    | ss or Res  | idence A  | ddress (N  | umber ar                                      | nd Street,  | City, Sta  | te, Zip Co  | ode)                                 |                                       |                                       |                              |                              |         |
| Name                                      | of Associa   | ated Brok                                       | er or Dea  | ler   |   |  |   |                                      |                                       |                                       |                              |                              |         |
|   |  |   | isted Has<br>eck individ   |   |   |  |   |                                      |                                       |                                       | □ All Sta                    | tes                          |         |
| [AL]<br>[IL]<br>[MT]<br>[RI]              | [AK]<br>[IN]<br>[NE]<br>[SC]                       | [AZ]<br>[IA]<br>[NV]<br>[SD]                    | [AR]<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX]                  | [CO]<br>[LA]<br>[NM]<br>[UT]                        | [CT]<br>[ME]<br>[NY]<br>[VT]                         | [DE]<br>[MD]<br>[NC]<br>[VA]                      | [DC]<br>[MA]<br>[ND]<br>[WA]         | [FL]<br>[MI]<br>[OH]<br>[WV]          | [GA]<br>[MN]<br>[OK]<br>[WI]          | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, 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 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. Aggregate **Amount Already** Type of Security Offering Price Sold \$ Debt ..... \$ Open ended; continuous \$ Equity ..... offering ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ Partnership Interests ..... \$ Other (Specify:..... \$ \$ Total ..... \$ Answer also in Appendix, Column 3, if filing under ULOE. 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 **Dollar Amount** Number Investors of Purchases Accredited Investors ..... \$ - 0 -\$ - 0 -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, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Security Type of offering 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 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 ..... \$ 2.500 Printing and Engraving Costs ..... Legal Fees ..... \$65,000 \$ Accounting Fees ..... Engineering Fees ..... \$ \$ Sales Commissions (specify finders' fees separately) ...... Other Expenses (identify) \$2,500 Management, Performance and Miscellaneous Fees .....

Total ......

proceeds to the issuer." .....

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1

and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross

\$70,000

\$

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

|   |   | Officers, Direc  | ctors,                                 |
|---|---|------------------|--|
|   |   | &<br>Affiliates  | Payments                               |
| Salaries and fees   |   | □ \$             | □ \$                                   |
| Purchase of real estate   |   | □ \$             | □ \$                                   |
| Purchase, rental or leasing and installation of machin-<br>and equipment  | ery   | □ \$             | □ \$                                   |
| Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value o  | S   | □ \$             | <b>\$</b>                              |
| offering that may be used in exchange for the assets issuer pursuant to a merger)   | or securities of another                                | □ \$             | □ \$                                   |
| Repayment of indebtedness Working capital   |   | □ \$<br>□ \$     | □ \$<br>□ \$<br>⊠ \$ <u>Open</u>       |
| Other (specify): The proceeds of the offering will be securities  | e invested in various portfolio                         | □ \$             | <u>ended;</u><br>continuous            |
| Column Totals   |   | <b></b> \$       | <u>offering</u><br>□ \$                |
| Total Payments Listed (column totals added)   |   | □ \$             |  |
| D.  | FEDERAL SIGNATURE                                       |                  |  |
| The issuer has duly caused this notice to be signed Rule 505, the following signature constitutes an uncommission, upon written request of its staff, the infecto paragraph (b)(2) of Rule 502. | dertaking by the issuer to furnish t                    | to the U.S. Seci | urities and Exchange                   |
| Issuer (Print or Type) The PSG Offshore Fund, Ltd.  | Signature hard a. John                                  | •                | Date<br><b>January<i>23</i> , 2004</b> |
| Name of Signer (Print or Type)  | Title of Signer (Print or Type)<br>President of Manager |                  |  |
| ATTENTION   |   |                  |  |

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

Payments to

| E. STATE SIGNATURE  |     |         |  |  |
|---|-----|---------|--|--|
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br>X |  |  |

- 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.

| Signature             | Date |
|-----------------------|------|
|                       |      |
| Title (Print or Type) |      |
|                       |      |

**APPENDIX**  Type of security and aggregate 5. Disqualification 2. Intend to sell under State ULOE to non-accredited 4. Type of investor and amount purchased in State offering price offered in state (if yes, attach investors in State (Part C-Item 2) explanation of waiver (Part B-Item 1) (Part C-Item 1) granted) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors State Yes No **Amount** Amount Yes No ΑL ΑK ΑZ AR CA CO СТ DΕ DC FL GA ΗΙ ID JL IN IA KS KY LA ME MD MA М MN

MS

МО MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR

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