FORM D

1/23606

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

	SEC US	E ONLY	
Prefix		Serial	
D	ATE RE	CEIVED	

Name of Offician (about if this	:	dianta alaman V
· · · · · · · · · · · · · · · · · · ·	is an amendment and name has changed, and in	dicate change.)
Secured Convertible Term Note (\$2,000,0		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 50	06 Rule 4(6) ULOE
Type of Filing: New Filing Ame	ndment	- ۱۹۳۸ الم
	A. BASIC IDENTIFICATION DATA	<u> </u>
1. Enter the information requested about the		MAN 0/ 2004 3
Name of Issuer (check if this is an ame	endment and name has changed, and indicate ch	ange.)
SEQUIAM CORPORATION		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
300 Sunport Lane, Orlando, Florida 3280	9	(407) 541-0773
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		
•		
Information management, software and s	ecurity technology company	- OCCESSED
Type of Business Organization		PKOCTOGE
□ corporation	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	MAY 10 ZUUT
		
	Month Year	Actual Fishmated FINANCIAL
Actual or Estimated Date of Incorporation o	- E	/ Lettaar Estimated
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal Service abbrevi	ation for State:
	CN for Canada; FN for other foreign jurisdic	tion) CA

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 predicted on the filing of a federal notice.

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			A. BASIC IDENTIFI	CATION DATA		
2.	Enter the information req	uested for the follo	owing:			
	Each promoter of th	e issuer, if the issue	er has been organized within	n the past five years;		
	 Each beneficial owr of the issuer; 	er having the pow	er to vote or dispose, or dire	ect the vote or disposition of	f, 10% or more of	f a class of equity securities
	,	er and director of	corporate issuers and of corp	oorate general and managing	partners of partn	ership issuers; and
	Each general and ma		-			•
	Box(es) that Apply: enBrekel, Nicholas	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full N	ame (Last name first, i	f individual)				
300 Si	inport Lane, Orlando	. Florida 32809				
			Street, City, State, Zip Co	ode)		
				,,		
Charle	Day(as) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	Box(es) that Apply: kowski, Mark L.	Fromoter	M pelieticiai Owliei	M Executive Officer	☑ Director	Managing Partner
	ame (Last name first, i	f individual)				1,141,142
	•	,				
	inport Lane, Orlando		0: 0: . 0: . 7: 0	1.5		
Busine	ess or Residence Addre	ss (Number and 3	Street, City, State, Zip Co	ode)		
	Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
	nn, L. Alan					Managing Partner
Full N	ame (Last name first, i	f individual)				
300 St	inport Lane, Orlando	, Florida 32809				
Busine	ess or Residence Addre	ss (Number and S	Street, City, State, Zip Co	ode)		
	Box(es) that Apply: Charles	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	ame (Last name first, i	f individual)				
	•	Ť				
	inport Lane, Orlando		Street, City, State, Zip Co			The state of the s
Dusine	iss of Residence Addre	ss (Ivalliber and v	Street, City, State, Zip CC	ide)		
	Box(es) that Apply: y, James	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full N	ame (Last name first, it	f individual)				
300 St	inport Lane, Orlando	. Florida 32809				
			Street, City, State, Zip Co	ode)		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
CHOCK	Dox(cs) that Apply.		Delicificial Owner	Executive Officer	Director	Managing Partner
Full N	ame (Last name first, i	f individual)	<u> </u>			
I un I v	ame (Bast name mst, n	i individual)				
Duning	an Davidanaa Addaa	(NI	Parant City State 7in Co	(ab.)		
Dusine	ess of Residence Addre	ss (mulliber and s	Street, City, State, Zip Co	oue)		
Check	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full N	ame (Last name first, i	f individual)				
		,				
Rusine	ess or Residence Addre	ss (Number and S	Street, City, State, Zip Co	nde)		

					B. IN	NFORMA	TION AB	OUT OFF	ERING				7 37
1.	Has 1	the issuer	sold or de	nes the issu	er intend t	o sell to n	on-accredi	ted investo	rs in this o	ffering.			res No □ ⊠
	1145	1000001	bold, of d						g under UI	•	•••••	•••••	
2.	Wha	t is the mi	nimum in			= =			-			\$.
٠.	** 114	t 15 th c 111	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	vostinone ti	iat will be	uccepied i	ioin uny in	arviauur	••••••••••••		***************		es No
3.	Does	the offer	ing permit	joint own	ership of a	single unit	t?						
4.											ly or indir		
											rities in the C and/or w		
											ated person		
	a bro	ker or dea	aler, you n	nay set fort	h the infor	mation for	that broke	r or dealer	only.				
Full	Nam	e (Last na	ime first, i	f individua	1)								
N/A													
Bus	iness	or Reside	nce Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)					
Nar	ne of	Associate	d Broker o	or Dealer									
1141	ne or	7133001410	d Diokei (or Dealer									
Stat				d Has Solid									
	(Che	ck "All Si	tates" or c	heck indivi	dual States	s)	•••••	•••••				. 🔲 A	ll States
[AL	J	[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]
[M]	-	[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	Nam	e (Last na	me first, i	f individua	l)								
Bus	iness	or Reside	nce Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)					
Nar	ne of	Associate	d Broker o	or Dealer									
Stat				d Has Solid								. Па	ll States
	(Cite	CK All Si	lates of C	neck indivi	duai States	5)	***************************************	***************************************		•••••	••••	. ЦА	II States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [M]		[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	Nam	e (Last na	ime first, i	f individua	1)								
Bus	iness	or Reside	nce Addre	ess (Numbe	r and Stree	et, City, Sta	ate, Zip Co	ode)					
				`			, 1	,					
Nan	ne of	Associate	d Broker (or Dealer									
Stat	es in	Which Pe	rson Liste	d Has Solid	cited or Int	ends to So	licit Purch	asers					
- 200									••••••				Il States
[AL	_	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
		(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	-	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

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

1.	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.				
	Type of Security	O	Aggregate ffering Price	A	mount Alread Sold
	Debt	\$	2,000,000	\$	2,000,000
	Equity	\$	0	\$	0
	Common Preferred	•		•	
	Convertible Securities (including warrants)(1)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$	2,000,000	\$	2,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	2,000,000	Ψ	2,000,000
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		Oollar Amount of Purchases
	Accredited Investors		1	\$	2,000,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	\$	0
	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	Γ	Oollar Amount
	Type of offering		Security		Sold
	Rule 505		0	\$	0
	Regulation A		0	\$	0
	Rule 504		0	\$	0
	Total		0	\$	0
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 Fee			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		\boxtimes	\$	39,500
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) Management Fee		\boxtimes	\$	105,000
	Total		\boxtimes	\$	1,854,500

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

	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in responsis the "adjusted gross proceeds to the issuer."	ise to Part C - Question 4.a. This difference		\$	1,869,500
5.	Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer seabove.	unt for any purpose is not known, furnish an mate. The total of the payments listed must			
			Payments Officers Directors Affiliate	s, ,& Pa	yments 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 and	facilities	□\$	🗆 \$	
	Acquisition of other businesses (including to offering that may be used in exchange for the state of the stat	he assets or securities of another issuer			
	pursuant to a merger)		□\$	🗆 \$	
	Repayment of indebtedness		□\$	🗆 \$	
	Working capital		⊠\$	🗆 \$	1,869,500
	Other (specify):				
			□\$	🗆 \$	
	Column Totals		□\$	🗆 \$	
	Total Payments Listed (column totals added)			፟ \$1,869,5	00
	D.	FEDERAL SIGNATURE			
the	e issuer has duly caused this notice to be signed by following signature constitutes an undertaking by tten request of its staff, the information furnished by	the undersigned duly authorized person. If y the issuer to furnish to the U.S. Securities	and Exchar	nge Commi	ssion, upon
Iss	uer (Print or Type)	Signature //	Date		
	QUIAM CORPORATION	Ment for Kark	April 30,	2004	
		Title of Signer (Print or Type)			
Ma	rk Mroczkowski	Senior Vice President and Chief Financial	<u>Officer</u>		
(1)	A warrant to purchase 666,666 shares of comm	on stock was issued concurrently with the S	Secured Co	nvertible T	erm Note.
		ATTENTION	. (0 40 !!		
	intentional misstatements of omissions (of fact constitute federal criminal violations	. 10cc 10 U	,,J.U. 1001	•,

		E. STATE SIGNATURE		-,,	
1.	Is any party described in 17 CFR 230.262 present provisions or such rule?			Yes	No
	See App	pendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furn Form D (17 CFR 239.500) at such times as requir		ch this notice is filed,	a notic	ce on
3.	The undersigned issuer hereby undertakes to furn issuer to offerees.	nish to the state administrators, upon written requ	est, information furnis	hed b	y the
4.	The undersigned issuer represents that the issuer Limited Offering Exemption (ULOE) of the st availability of this exemption has the burden of es	ate in which this notice is filed and understan	nds that the issuer cla		
	e issuer has read this notification and knows the codersigned duly authorized person.	ontents to be true and has duly caused this notice	to be signed on its be	half b	y the
Issi	uer (Print or Type)	Signature	Date		
SE	QUIAM CORPORATION	Mart for (Cowils)	April <u>2</u> 02004		
Na	me (Print or Type)	Title (Print or Type)			
Ma	ark Mroczkowski	Senior Vice President and Chief Financial Of	ficer		

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.

APPENDIX

1	<u> </u>	2	3			4			5
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State UL (if yes, attack explanation of amount purchased in State (Part C-Item 2) Disqualification under State under State waiver granted (Part E-Item 2)		ite ULOE , attach attion of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK					-				
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI			j 		 		: 		
ID									
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IN					·				
IA									
KS									
KY									
LA									
ME									
MD									
MA					:				
MI				_					
MN		,							
MS									

APPENDIX

1	2 3			4						
	to non-	d to Sell accredited rs 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 (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	
MO			ļ							
MT										
NE										
NV										
NH							_			
NJ										
NM										
NY										
NC										
ND										
ОН										
OK							· · · · · · · · · · · · · · · · · · ·			
OR		i 								
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RI										
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UT										
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				A l	PPENDIX						
1		2	3 Type of Security			4			5 lification ate ULOE		
	to non- Investo	d to Sell accredited ors in State 3 - Item 1)	and aggregate offering price offered in State (Part C - Item 1)	Type of investor and explanar amount purchased in State waiver g (Part C - Item 2) (Part E -			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY			1]					
PR											