FORM D



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

MAY 2 0 2005

REC-

OMB APPROVAL

OMB Number: 3235-

0076

Expires: May 31, 2005
Estimated average burden

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY	_
Prefix	Serial	
I	ATE RECEIVED /	

hours per response...... 16.00

Name of Offering (check if this	is an amendment and name has changed, and	indicate change.)
Common Stock Purchase Warrant		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	506 Rule 4(6) ULOE
Type of Filing: New Filing Am	endment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about th	e issuer	
Name of Issuer (check if this is an am	endment and name has changed, and indicate of	change.)
SEQUIAM CORPORATION		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
300 Sunport Lane, Orlando, Florida 3280	09	(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		- Nocessei
		0.000.00 =
Information management, software and	security technology company	MAY 2 5 2005
Type of Business Organization		other (please specify).THOM:SON
orporation	limited partnership, already formed	other (please specify).
business trust	limited partnership, to be formed	rivancial
	Month Year	
Actual or Estimated Date of Incorporation	or Organization: 09 99	
-	on: (Enter two-letter U.S. Postal Service abbre	viation for State:
	CN for Canada; FN for other foreign jurisc	

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.

		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information r	equested for the fo	llowing:			
Each promoter of the	issuer, if the issue	er has been organized withir	the past five years;		
 Each beneficial own of the issuer; 	er having the powe	er to vote or dispose, or dire	ect the vote or disposition of	f, 10% or more of	a class of equity securities
Each executive office	er and director of c	orporate issuers and of corp	orate general and managing	partners of partne	ership issuers; and
Each general and ma	naging partner of p	partnership issuers.			
Check Box(es) that Apply: VandenBrekel, Nicholas	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
300 Sunport Lane, Orlando,					
Business or Residence Address	ss (Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Mroczkowski, Mark L.	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
300 Sunport Lane, Orlando,	Florida 32809				
Business or Residence Address		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: McGinn, L. Alan	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			-	
300 Sunport Lane, Orlando	Florida 32809				
Business or Residence Address		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Stanley, James	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
300 Sunport Lane, Orlando	Florida 32809				
Business or Residence Address	ss (Number and S	Street, City, State, Zip Co	ode)		
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	ss (Number and S	Street, City, State, Zip Co	ode)	<u></u>	
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	ss (Number and S	Street, City, State, Zip Co	ode)		
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	ss (Number and S	Street, City, State, Zip Co	ode)		
(Use blank sheet.	or copy and use addition	al copies of this sheet, as	necessary.)	

				B. IN	FORMA'	TION ABO	OUT OFF	ERING				
1. H	as the issuer	sold, or de	es the issu						ffering:			es No □ ⊠
		5014, 01 4			•				_			
2. W												
3. D	Yes No Does the offering permit joint ownership of a single unit?											
	nter the info			=	-							
co	mmission o	r similar re	muneratio	n for solici	tation of p	urchasers i	n connecti	on with sa	les of secu	rities in the	offering.	
	a person to states, list t											
	broker or de								are associ	uteu persor	is or such	
Full N	ame (Last n	ame first, i	f individua	1)								
N/A												
Busine	ess or Reside	ence Addre	ss (Numbe	r and Stree	et, City, Sta	ate, Zip Co	de)					
Name	of Associate	ed Broker (or Dealer			,	·					4
1 141110	01110000141	od Broker (, Doulot									
	in Which Pe Check "All S										A1	ll States
·												(ID)
[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]
Full N	ame (Last n	ame first, i	f individua	1)								
Busine	ess or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	ode)					
Name	of Associate	ed Broker (or Dealer		<u> </u>			. 12 8 3100 100 11 11 11 11				
States	in Which Pe	erson Liste	d Has Solid	cited or Int	ends to So	licit Purch	asers					
	Check "All S										A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME]	[MD]	[MA] [ND]	[MI] [OH]	[MN]	[MS] [OR]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[NY] [VT]	[NC] [VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PA] [PR]
Full N	ame (Last n	ame first, i	f individua	1)								
					d							
Busin	ess or Reside	ence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)					
Name	of Associate	ed Broker (or Dealer									
	in Which Pe Check "All S								,			ll States
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[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]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	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	Aggregate	A	mount Already
		Offering Price		Sold
	Debt	\$ 0	-	0
	Equity	\$ 0	\$	0
	Common Preferred		_	
	Convertible Securities (including warrants)(1)		\$	0
	Partnership Interests		\$	0
	Other (Specify)		\$	0
	Total	\$ 0	\$	0
_	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."			Aggregate
		Number Investors	I	Dollar Amount of Purchases
	Accredited Investors	1	\$	0 (1)
	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 offering	Type of]	Dollar Amount
	Dula 505	Security 0	S	Sold 0
	Rule 505 Regulation A	0	\$ \$	0
	Rule 504	0	\$ \$	0
	Total	0	\$	0
4.		Ü	Ψ	
	Transfer Agent's Fee		\$	0
	Printing and Engraving Costs	<u></u>	\$	0
	Legal Fees		\$	0
	Accounting Fees		\$	0
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		\$.0
	Other Expenses (identify)	=	\$	0
	Total	_	\$	0

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

	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 proceeds to the issuer."		\$ 0
	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.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	□ \$	S
	Purchase of real estate	S	
	Purchase, rental or leasing and installation of machinery and equipment	\$	S
	Construction or leasing of plant buildings and facilities	\$. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<u>\$</u>	. S
	Repayment of indebtedness	□ \$	□ \$
	Working capital	 ⊠ \$	
	Other (specify):	s	\$
	Column Totals	□ \$	Пs
	Total Payments Listed (column totals added)		
	D. HEDDED AX CYCNI A THIRD	· · · · · · · · · · · · · · · · · · ·	
Րե	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If	this notice is file	ad under Dule 505
	following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities		
	tten request of its staff, the information furnished by the issuer to any non-accredited investor po		
02			
	QUIAM CORPORATION Signature Jeor 7 Cous (Date May 18, 2005	
	me of Signer (Print or Type) Title of Signer (Print or Type)		
Мa	rk Mroczkowski Senior Vice President and Chief Financial	Officer	

(1) The Company issued a warrant to purchase 6,000,000 shares of common stock concurrently with an Amended, Restated and Consolidated Senior Secured Term Note in the amount of \$3,450,000. The Company also issued a warrant to purchase up to 1,500,000 shares of common stock in connection with the partial satisfaction of an outstanding loan.

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

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No \boxtimes provisions or such rule?.... See Appendix, Column 5, for state response. 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. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 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 establishing that these conditions have been satisfied. 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. Issuer (Print or Type) Date SEQUIAM CORPORATION May 18, 2005 Name (Print or Type) Senior Vice President and Chief Financial Officer Mark Mroczkowski

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		2	3		1,111	4	····		5
	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)				under Sta (if yes explan- waiver (Part E	ification te ULOE , attach ation of granted) -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									
DE									
DC									
FL									
GA									
HI							,		
ID					<u>.</u>				
IL									
IN									
IA									
KS									
KY									
LA	ļ								
ME	-								
MD									
MA									
MI	-								
MN									
MS							···		

APPENDIX

1		2	3			4			5	
	to non- Investo (Part E	d to Sell accredited ors in State 3 - 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	
МО										
МТ										
NE										
NV				,						
NH										
NJ										
NM										
NY		х	Common stock purchase warrants (no offering price	2	7,500,000 warrants (no purchase price)	0	N/A		х	
NC										
ND										
ОН						,				
OK										
OR										
PA			,		,					
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										

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1		2	3 4 Disqu			4				
	to non-	d to Sell accredited rs in State	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)				under Sta (if yes explana waiver ((Part E	te ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										