FORM D



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

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	e burden
hours per respons	e16.00

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			1000				
Name of Offering (check if this is an amendment and name has changed, and indicate change							
Apani Networks Co	ommon Stock						
Filing Under (Check	pox(es) that apply):	Rule 504 🔲 Rule 505 🔀 Rule 50	06 Section 4(6) LOE				
Type of Filing:	New Filing	Amendment	AND COVED CON				
1		A. BASIC IDENTIFICATION DATA					
1. Enter the information	ation requested about the i	ssuer	// 110 1 3 2005 >>				
Name of Issuer Apani Networks	(check if this is an ar	nendment and name has changed, and indicate	change.)				
Address of Executive 3230 East Imperia	Offices I Highway, Suite 201, E	(Number and Street, City, State, Zip Code) 3rea, California 92821	Telephone Number (Including Afea Code) (714) 792-1800				
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 B	Business						
Software sales an	d services						
Type of Business Org	anization						
orpor corpor	ation	limited partnership, already formed	other (please specify)				
busines	ss trust	limited partnership, to be formed	PROCESSED				
Ï		Month Year					
Actual or Estimated D	ate of Incorporation or Or	ganization: 0 4 0 3	Actual Estimated JUN 2 0 2005				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CA							
		CN for Canada; FN for other foreign jurisdict	ion) THOMSON				
CENEDAL INCED	LICTIONS		7 10 10 00 00 00 00				

GENERAL INSTRUCTIONS

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 was 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 Memorandum (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 the claim for the exemption, a fee 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 predicated on the filing of a federal notice.

> 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.

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)								
Niigata Seimitsu Co., Ltd.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
1-16-3 Shiba Daimon, Minato-ku, Tokyo 105-0012, Japan								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Takahara Kosan Co., Ltd.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
3-25-27-1301 Takanawa, Minato-ku, Tokyo 108-0074, Japan								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Ikeda, Takeshi								
Business or Residence Address (Number and Street, City, State, Zip Code)								
2-20-24-102 Sanno, Ota-ku, Tokyo 143-0023, Japan								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Micro Research Laboratory, Inc.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Shimizu Shinagawa Bldg., 2-2-5 Minami Shinagawa, Shinagawa-ku, 140-0004, Japan								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Hiromasa Tanabe								
Business or Residence Address (Number and Street, City, State, Zip Code)								
3230 East Imperial Highway, Suite 201, Brea, California 92821								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Ishiguro, Shuichi								
Business or Residence Address (Number and Street, City, State, Zip Code)								
3230 East Imperial Highway, Suite 201, Brea, California 92821								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Claudia Beaty								
Business or Residence Address (Number and Street, City, State, Zip Code)								
3230 East Imperial Highway, Suite 201, Brea, California 92821								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								
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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.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Oishi, Ryutaro									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3230 East Imperial Highway, Suite 201, Brea, California 92821									
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 (Number and Street, City, State, Zip 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 Address (Number and Street, City, State, Zip 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 Address (Number and Street, City, State, Zip 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 Address (Number and Street, City, State, Zip 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 Address (Number and Street, City, State, Zip 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 Addr	ess (Number and Str	reet, City, State, Zip Code))		
	(Use blan	k sheet, or copy and use ac	lditional copies of this sheet	, as necessary.)	
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			i I		В. 1	NFORMA	TION ABO	UT OFFE	RING				
1.			[!	Answer	also in App	endix, Colu	redited inve ımn 2, if fili y individual	ng under Ul	LOE.			[es No ⊠
3.	Does	the offering	g permit joi	Yes No permit joint ownership of a single unit?									
	simila is an broke	ar remunera associated r or dealer.	tion for sol person or a If more th	licitation of gent of a br	purchasers oker or dea persons to b	in connection ler registere	or will be pa on with sale and with the seassociated	s of securiti SEC and/or	es in the off with a state	ering. If a or states, li	person to be st the name	listed of the	
Full	Name	(Last name	first, if inc	dividual)									
Not	appli	cable											
Busi	ness o	r Residenc	Address (Number and	l Street, City	y, State, Zip	Code)						
Nam	e of A	ssociated I	Broker or D	ealer									
State	s in W	hich Perso	n Listed Ha	as Solicited	or Intends to	o Solicit Pu	rchasers						
	-				States)								All States
			-	[AR]				-	[DC]	-		[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]
			first, if inc		(***)	[0.]			[,,,,,]		<u> </u>		[]
			Address (I		l Street, City	, State, Zip	Code)				************************		
					or Intends to				•				
					-							_	All States
[AL	_	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL]	[GA]	[HI] [MS]	[ID]
[M3		[NE]	NV]	[NH]	[NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[OR]	[MO] [PA]
[RI		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			first, if inc				. .		<u> </u>			<u> </u>	
Busi	ness o	r Residence	Address (1	Number and	Street, City	, State, Zip	Code)						
Nam	e of A	ssociated E	Proker or Do	ealer				. <u></u> .					
State	s in W	/hich Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	rchasers						
								• • • • • • • • • • • • • • • • • • • •	*************				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]
[M7		[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]

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1.	already sold. E	egate offering price of securities included in this offering and the total amount enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, and indicate in the columns below the amounts of the securities offered for liready exchanged.					
	Type of Se	ecurity		Aggregate fering Pric	e	Am	ount Already Sold
	Debt		\$	0		\$	0
	Equity		\$_8	3,000,000.	00_	\$8	3,000,000.00
	. ,	Common Preferred					
	Convertibl	e Securities	\$	0		\$	0
	Partnership	p Interests	\$	0		\$	0
	Other		\$	0		\$	0
	-	Гоtal	\$ <u>8</u>	<u>3,000,000.</u>	00	\$8	3,000,000.00
2.	offering and the	er of accredited and non-accredited investors who have purchased securities in this e aggregate dollar amounts of their purchases. For offerings under Rule 504, mber of persons who have purchased securities and the aggregate dollar amount of on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate Ilar Amount f Purchases
	Accredited	Investors		1_		\$ <u>_</u> 8	3,000,000.00
	Non-accre	dited Investors		0		\$	0.00
	7	Total (for filings under rule 504 only)		N/A		\$	N/A
		Answer also in Appendix, Column 4, if filing under ULOE.					
3.	securities sold l	for an offering under Rule 504 or 505, enter the information requested for all by the issuer, to date, in offerings of the types indicated, in the twelve (12) months at sale of securities in this offering. Classify securities by type listed in Part C ~					
	Type of of	fering		Type of Security		Do	llar Amount Sold
	Rule 505			N/A		\$	N/A
	Regulation	Α		N/A		\$	N/A
	Rule 504			N/A		\$	N/A
	ר	Fotal		N/A		\$	N/A
4.	securities in this The information	tatement of all expenses in connection with the issuance and distribution of the soffering. Exclude amounts relating solely to organization expenses of the issuer, may be given as subject to future contingencies. If the amount of an expenditure arnish an estimate and check the box to the left of the estimate.					
	Transfer A	gent's Fees		**********		\$	0
	Printing an	d Engraving Costs				\$	0
	Legal Fees				\boxtimes	\$	1,000.00
	Accounting	g Fees				\$	0
	Engineerin	g Fees				\$	0
	Sales Com	missions (specify finders' fees separately)		*****		\$	0
		enses (identify)				\$	0
	_	Cotal				\$	1,000.00
	tion 1 and total	fference between the aggregate offering price given in response to Part C – Quesexpenses furnished in response to Part C – Question 4.a. This difference is the proceeds to the issuer."				\$ <u>7</u>	,999,000.00

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

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C. Oi	FFERING PRICE,	NUMBER	OF INVESTORS,	EXPENSES AND	USE OF PROCEEDS
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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, Directors, & Affiliates	Payments to Others
Salaries and	fees	\$	 \$
Purchase of	real estate	\$	S
Purchase, re	ntal or leasing and installation of machinery and equipment	S	S
Construction	n or leasing of plant buildings and facilities	<u></u>	. 🗆 \$
offering that	of other businesses (including the value of securities involved in this t may be used in exchange for the assets or securities of another		
issuer pursu	ant to a merger)	\$	\$
Repayment	of indebtedness	\$	\$
Working ca	pital	\$	\$7,999,000.00
Other (speci	fy):		
		\$	\$
Column Tot	als		∑ \$ <u>7,999,000.00</u>
Total Paymo	ents Listed (column totals added)	⋈ \$ <u>7,9</u>	99,000.00

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D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Apani Networks	Signature Claudia Beaty	Date 6-3-2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Claudia Beaty	Secretary.	

- ATTENTION -

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