FORM D

1177714

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form

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.

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	
DATE F	RECEIVED	

Series C Preferred Stock financing						
Filing Under (Check box(es) that apply	'): □ Rule 504	☐ Rule 505	X	Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New Filing	☐ Amendment					
		IDENTIFICATIO	N DAI	TA		
1. Enter the information requested about	out the issuer					
Name of Issuer (check if this is Fabric 7 Systems, Inc.	an amendment and name ha	s changed, and indic	cate cha	ange.)		
Address of Executive Offices 1300 Crittenden Lane, Suite 204, M		t, City, State, Zip C		Telephone 1 650-210-0	Number (Including Ar 100	ea Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)					ea Code)	
Brief Description of Business Server technology development			•			
Type of Business Organization		· · · · · · · · · · · · · · · · · · ·				PROCESSE
□ corporation	☐ limited partnership, alre			□ oth	er (please specify):	
☐ business trust	limited partnership, to b	e formed				SED 1 4 2005
		Month	Y	ear		
Actual or Estimated Date of Incorporation	on or Organization:	0 5	0	2 🗵	l Actual 🗆 Estimated	THOMSON FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for	Canada; FN for other foreig	n jurisdiction)			DE	

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.

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.

	A. BASIC IDENT	IFICATION DATA	XXXXX	ġ
2. Enter the information requested for the fo	llowing:			
• Each promoter of the issuer, if the issue	•	e nast five vears		
•	•	• •		o : : :: 0.1
 Each beneficial owner having the powe issuer; 	r to vote or dispose, or direct th	e vote or disposition of, 10%	or more of a class of	f equity securities of the
Each executive officer and director of c	orporate issuers and of corporate	te general and managing partr	ners of partnership is	suers; and
• Each general and managing partner of p	partnership issuers.			
Check Box(es) that Apply:	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Mehrotra, Sharad				
Business or Residence Address (Number a c/o Fabric7 Systems, Inc., 1300 Crittenden I			- · · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☑ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Dicioccio, R. David				
Business or Residence Address (Number a c/o Fabric7 Systems, Inc., 1300 Crittenden L				
Check Box(es) that Apply:	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Kramlich, C. Richard (1)				
Business or Residence Address (Number a 2490 Sand Hill Road, Menlo Park, CA 9402)		
Check Box(es) that Apply:	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Saraiya, Nakul				
Business or Residence Address (Number a c/o Fabric 7 Systems, Inc., 1300 Crittenden L				

☐ Executive Officer

☐ General and/or

Managing Partner

□ Director

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

c/o Selby Venture Partners II, L.P., 3500 Alameda de las Pulgas, Suite 200, Menlo Park, CA 94025

(1) Holder disclaims beneficial ownership as to shares held by New Enterprise Associates 10, Limited Partnership

■ Beneficial Owner

Robert Marshall

Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the following	-	_		
• Each promoter of the issuer, if the issuer	has been organized within the	e past five years;		
 Each beneficial owner having the power issuer; 	to vote or dispose, or direct th	ne vote or disposition of, 10%	or more of a class of	f equity securities of the
• Each executive officer and director of co	•	te general and managing parti	ners of partnership is	suers; and
• Each general and managing partner of pa Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or
Check Box(es) that Approx. 🗀 Fromoter	Deficicial Owner	L Executive Officer	⊠ Director	Managing Partner
Full Name (Last name first, if individual) Ankur Sahu (1)				
Business or Residence Address (Number and c/o Goldman Sachs & Co., 85 Broad Street, 10				
Check Box(es) that Apply:	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Funds affiliated with The Goldman Sachs Gro	up, Inc.			
Business or Residence Address (Number and c/o Goldman Sachs & Co., 85 Broad Street, 1	0th Floor, New York, NY 10	e) 004		
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) New Enterprise Associates 10, Limited Partne	rship			
Business or Residence Address (Number and 2490 Sand Hill Road, Menlo Park, CA 94025	d 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	1 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)				

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

Business or Residence Address (Number and Street, City, State, Zip Code)

(1) Holder disclaims beneficial ownership as to shares held by funds affiliated with funds affiliated with The Goldman Sachs Group, Inc.

B. INFORMATION ABOUT OFFERING				
	Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?				
2. December of the commission of the comment of the	Yes	No		
3. Does the offering permit joint ownership of a single unit?	🗆	X		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[] [ID] S] [MO] R] [PA]	States		
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[] [ID] S] [MO] R] [PA]			
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY	[] [ID] S] [MO] R] [PA]	Juica		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
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 \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$ <u>17,499,986.24</u>	\$ <u>9,999,993.98</u>
□ Common ⊠ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	· \$
Total	\$17,499,986.24	\$ <u>9,999,993.98</u>
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." 		
Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 9,999,993.98
Non-accredited Investors		s
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	Type of Security	Dollar Amount 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		\$
Printing and Engraving Costs		\$
Legal Fees	🗵	\$80,000.00
Accounting Fees		\$
Engineering Fees		\$
Sales and Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$ 80,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
	b. Enter the difference between the aggregate offering price 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."				\$ <u>17,419,986.24</u>		
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.						
			Payments to Officers, Directors, & Affiliates		Payments 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 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)		\$		\$		
	Repayment of indebtedness		\$		\$		
	Working capital		\$	\boxtimes	\$ <u>17,419,986.24</u>		
	Other (specify):		\$		\$		
			\$		\$		
	Column Totals		\$0	X	\$ <u>17,419,986.24</u>		
	Total Payments Listed (column totals added)		⋈ \$ <u>17,</u>	<u>419,9</u>	86.24		
	D. FEDERAL SIGNATURE	Series .		That is			
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.							
	r (Print or Type) c7 Systems, Inc.	77	Date		, 2005		
	e of Signer (Print or Type) Title of Signer (Print or Type) ad Mehrotra President and Chief Executive Officer	-					

ATTENTION -

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