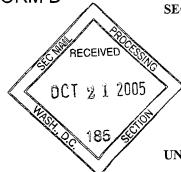
## FORM D

# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### FORM D

1270491



predicated on the filing of a federal notice.

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

SEC	USE ONLY
Prefix	Serial
1	
DAT	E RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Voyence, Inc. Series 3 Preferred Stock Financing
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing:  New Filing  Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Voyence, Inc.  O5069761
Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1801 North Glenville Drive, Richardson, Texas 75081 (972) 759-4000
Address of Principal Business Operations (No. and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
Brief Description of Business
Network Management Software
Type of Business Organization
corporation limited partnership, already formed other (please specify):
business trust limited partnership, to be formed FINANCIAL
Actual or Estimated Date of Incorporation or Organization:  Month Year  0 7 0 0 Estimated Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE
CN for Canada; FN for other foreign jurisdiction)
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

SEC 1972 (2-97)

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

Potential persons who are to 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 IDENTIFI	CATION DATA		
2.	Enter the information i	equested for the fo	ollowing:			
•			has been organized within the p to vote or dispose, or direct the		more of a class	of equity securities of the
•	Each executive officer Each general and mana		rporate issuers and of corporate	general and managing partner	s of partnership is	ssuers; and
Che	eck Box(es) that Apply:		Beneficial Owner	⊠ Executive Officer	⊠ Director	General and/or Managing Partner
	l Name (Last name first, an C. Nash	if individual)			, , , , , , , , , , , , , , , , , , , ,	
	siness or Residence Add		Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Der	l Name (Last name first, nnis J. Gorman					
	siness or Residence Addi O Ranchero Road, Planc		Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Ter	l Name (Last name first, ry Rock					
	siness or Residence Add 55 Noel Road, Suite 16		Street, City, State, Zip Code) 75240			
	eck Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☑ Director	☐General and/or Managing Partner
Cha	l Name (Last name first, arles Phipps					
	siness or Residence Add 55 Noel Road, Suite 16		Street, City, State, Zip Code) 75240			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	l Name (Last name first, Berry Cash	if individual)				
	siness or Residence Add 55 Noel Road, Suite 16		Street, City, State, Zip Code) 75240			
	eck Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
	l Name (Last name first, p Glass	if individual)				
Bus			Street, City, State, Zip Code) California 94025			
	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Do	l Name (Last name first, nald L. Fortenberry					
	siness or Residence Add 11 North Glenville Drive		Street, City, State, Zip Code) is 75081			
	eck Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Car	l Name (Last name first, naan Equity III L.P.					
	siness or Residence Add 4 Sand Hill Road, Suite		Street, City, State, Zip Code) California 94025			
_	eck Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	l Name (Last name first, hterPoint Venture Fund I					
Bus		ress (Number and	Street, City, State, Zip Code) 75240	e	<del> </del>	

R-118760.1 Page 2 of 11

Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, HO2.1 Fund, L.P.	if individual)				
		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, Mary Morgan	if individual)			······································	<u> </u>
Business or Residence Addi 1801 North Glenville Drive		Street, City, State, Zip Code) s 75081			
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, InterWest Partners VIII, L.F.					
Business or Residence Address 2710 Sand Hill Road, 2 <sup>nd</sup> Fl		Street, City, State, Zip Code) California 94025			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Sevin Rosen Fund VIII L.P.		<u> </u>			
Business or Residence Addi 13455 Noel Road, Suite 167		Street, City, State, Zip Code) 5240			
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	ress (Number and S	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	ress (Number and S	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	ress (Number and S	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 S	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 S	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)			<del></del>	
Business or Residence Addr	ress (Number and S	Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		

					В	. INFO	ORMA	TION	ABOU	T OFF	ERING	3		
1. Has	the issue	sold or						redited i , if filing			offering	?	Yes No	
2. Wha	it is the m	inimum	investm	ent that	will be	accepted	l from a	ny indiv	idual?				\$ <u>N/A</u>	
3. Doe	Does the offering permit joint ownership of a single unit:  Yes  No													
indi of se regi: (5) p	curities in stered wit	comming the offinite the second t	ssion or ering. If C and/or d are ass	similar f a perso r with a	remuner n to be l state or	ation for listed is states, li	r solicita an assoc st the na	ation of particular of the same of the sam	purchase rson or a ne broke	ers in co agent of r or dea	nnection a broke ler. If n	y or n with sales r or dealer nore than five information		
Full Nam	e (Last na N/A	me first	, if indiv	ridual)										
Business	or Reside	nce Add	lress (Nu	ımber ar	nd Street	, City, S	state, Zi	p Code)						
Name of	Associate	d Broke	r or Dea	ler						7				
States in (Check ". [AL	All States ] [AK]			dual Sta						[GA] [MN]	[HI] [MS]	[ID] [MO]	🗆 All St	ates
[M]		[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	, if indiv	ridual)				· · · · · ·						
Business	or Reside	nce Add	lress (Nu	ımber ar	nd Street	, City, S	state, Zi	p Code)					<del></del>	
Name of	Associate	d Broke	r or Dea	ler										
States in (Check ".									3				All Sta	ates
[AL		[AZ]			[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[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	, if indiv	ridual)							-	, <u>, , , , , , , , , , , , , , , , , , </u>		
Business	or Reside	nce Add	lress (Nu	ımber ar	nd Street	;, City, S	state, Zi	p Code)						
Name of	Associate	d Broke	r or Dea	ler										
States in (Check ".													🗆 All Sta	ates
[AL		[AZ]	[AR]		[CO]	[CT]	[DE]		[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

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

## C. OFFERING 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 the 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	(	Aggreg Offering		Ar	nount Aiready Sold
	Debt	\$			\$	
	Equity	\$	9,120	,000	\$	7,300,213
	☐ Common ☒ Preferred					
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests.				\$	
	Other (Specify)				- s	
	Total		9,120	_	-	7,300,213
	Answer also in Appendix, Column 3, if filing under ULOE	_				<u> </u>
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 the answer is "none" or "zero."					
			Numb Invest	-	_	Aggregate ollar Amount of Purchases
	Accredited Investors		12		\$	7,300,213
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		N/A		\$	N/A
	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 Secur		D	ollar Amount Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		<b>s</b>	N/A
	Rule 504		N/A		\$	N/A
	Total		N/A		s	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secur this offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ition i an	may	П	Φ.	0
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$	0
	Legal Fees			⊠	\$	70,000
	Accounting Fees				\$	<u> </u>
	Engineering Fees				\$	
	Sales Commissions (specify finder's fees separately)				\$	
	Other Expenses (identify)	•••••	•••••		\$	0
	Total	· · · · · · · · · · · · · · · · · · ·	•••••	$\boxtimes$	\$	70,000

#### 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." 7,230,213 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, & Payments To Affiliates 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 ..... $\times$ \$\_7,230,213 \_\_\_\_ Other (specify) (investments) ......

X

7,230,213

\$ 7,230,213

Column Totals.....

Total Payments Listed (column totals added).....

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

#### 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)	Signature	Date
Voyence, Inc.	and the same	October 19, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Donald L. Fortenberry	Vice President and Chief Financial Office	сег
	ATTENTION	
Intentional misstatements	s or omissions of fact constitute federal cr	riminal violations. (See 18 U.S.C. 1001).

R-118760.1 Page 7 of 11