FORM D

Name of Offering

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

(cheek if this is an amendment and name has changed, and indicate change.)

NOTICE OF SALE OF SECURITIES 2005 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR ÖRM LIMITED OFFERING EXEMPTION



3235

OMB Number:

Expires: April 30, 2008 Estimated average burden hours per response...... 16.00

0076

Series A 9% Convertible Preferred Stock	<u> </u>	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 5	06
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 ch	nange.)
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)		
	PRUCE	SSED.
Brief Description of Business		V
	DEC 16	2005
Biometric, information management, sof	tware and security technology company	***************************************
Type of Business Organization		ON
orporation	limited partnership, already formuNANCI	AL other (please specify):
business trust	limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation	or Organization: 09 99	Actual Estimated
	n: (Enter two-letter U.S. Postal Service abbrevi	iation for State:
	CN for Canada; FN for other foreign jurisdi	
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 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 ÜLOE 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 eccompany 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 his notice and must be completed.

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number.

- 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 DACIO IDENIZIENI	CATTONIDATIA		
2. Enter the information	n requested for the fo	A. BASIC IDENTIFI	CATION DATA		
	•	er has been organized within	the past five years:		
		-		f, 10% or more o	f a class of equity securities
of the issuer;	-	-	-		, ,
			orate general and managing	partners of partn	ership issuers; and
• Each general and	managing partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or
VandenBrekel, Nicholas					Managing Partner
Full Name (Last name first,	, if individual)				
300 Sunport Lane, Orland					
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or
Mroczkowski, Mark L.	'C' - 1' '1 -1\				Managing Partner
Full Name (Last name first,	•				
300 Sunport Lane, Orland		Street City State 7in Co	ر ماد		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	oue)		
Charle Dan(an) that Auralia	□ D	□ D f 10	N7 F Off	□ D :	□ C 1/
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, Orland	do, Florida 32809				
Business or Residence Add		Street, City, State, Zip Co	ode)	•	
$I^{\rm cl}$					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or
Stanley, James					Managing Partner
Full Name (Last name first,	, if individual)				
300 Sunport Lane, Orland	do Florida 32809				
Business or Residence Add		Street, City, State, Zip Co	ode)		
Business or Residence Add	ress (Number and	-	121-1111		
		Street, City, State, Zip Co	Executive Officer	□ Director	General and/or
Business or Residence Add Check Box(es) that Apply:	ress (Number and	-	121-1111	☑ Director	General and/or Managing Partner
Business or Residence Add	ress (Number and	-	121-1111	☑ Director	
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	ress (Number and a Promoter , if individual)	Beneficial Owner	Executive Officer	☑ Director	
Business or Residence Add Check Box(es) that Apply:	ress (Number and a Promoter , if individual)	Beneficial Owner	Executive Officer	☑ Director	
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add	Promoter if individual) ress (Number and	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	ress (Number and a Promoter , if individual)	Beneficial Owner	Executive Officer	□ Director □ Director	Managing Partner General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply:	Promoter if individual) ress (Number and	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add	Promoter if individual) ress (Number and	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner General and/or
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Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add	ress (Number and Promoter , if individual) ress (Number and Promoter , if individual) ress (Number and Promoter Promoter	Beneficial Owner Street, City, State, Zip Co	Executive Officer de) Executive Officer	Director	Managing Partner General and/or Managing Partner General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	ress (Number and a Promoter , if individual) ress (Number and a Promoter , if individual) ress (Number and a Promoter , if individual)	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	Executive Officer December 20	Director	Managing Partner General and/or Managing Partner General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply:	ress (Number and a Promoter , if individual) ress (Number and a Promoter , if individual) ress (Number and a Promoter , if individual)	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	Executive Officer December 20	Director	Managing Partner General and/or Managing Partner General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	Promoter if individual) ress (Number and	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co Beneficial Owner	Executive Officer December 2015 De	☐ Director	Managing Partner General and/or Managing Partner General and/or
Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first, Business or Residence Add Check Box(es) that Apply: Full Name (Last name first,	Promoter if individual) ress (Number and	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co Beneficial Owner	Executive Officer Dide Executive Officer Dide Executive Officer Dide al copies of this sheet, as	☐ Director	Managing Partner General and/or Managing Partner General and/or

				·	B. IN	FORMA'	TION ABO	OUT OFF	ERING				
													Yes No
1.	Has t	he issuer s	sold, or do							_		•••••	
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. 2.	What	is the mir	nimum inv	estment th	at will be	accepted fi	rom any ind	dividual:					60 Yes No
•													
4.											ly or indire		
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										are associ	ated persor	is of such	
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Full	Name	e (Last nai	ne first, if	individua	l)								
N/A													
Bus	iness o	or Resider	ice Addres	ss (Numbe	r and Stree	et, City, St	ate, Zip Co	de)					
		Avenue, 7	Twelfth Flork 10022	oor									
			Broker o	r Dealer									
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[M] [RI]	-	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] X [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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Full	Name	(Last nai	me first, if	individua	l)								
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Nan	ne of A	Associated	Broker o	r Dealer									
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[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]

(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.	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	C	Aggregate Offering Price	Α	amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	1,575,000	\$	1,575,000
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants) ⁽¹⁾	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$	1,575,000	\$	1,575,000
	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]	Dollar Amount of Purchases
	Accredited Investors		7	\$	1,575,000
	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 offering		Type of Security]	Dollar Amount 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	\$	50,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		\boxtimes	\$	204,750(1)
	Other Expenses (identify)			\$	0
	Total		M	\$	254 750

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."		\$ 1,320,250
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)	<u> </u>	\$
	Repayment of indebtedness	 \$	\$
	Working capital		\$ 1,320,250
	Other (specify):	□\$	\$
	Column Totals	\$	■ \$ 1,320,250
	Total Payments Listed (column totals added)		
	D EEDEDAL CICNATUDE		
The	D. FEDERAL SIGNATURE e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If	this notice is file	ed under Rule 505.
the	following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities	and Exchange 0	Commission, upon
	tten request of its staff, the information furnished by the issuer to any non-accredited investor pro-	ursuant to paragr	raph (b)(2) of Rule
502			
	QUIAM CORPORATION	Date December 9, 2	005
	me of Signer (Print or Type) Title of Signer (Print or Type)		
Ma	rk Mroczkowski Senior Vice President and Chief Financial	Officer	

(1) The Company also issued: (a) warrants to purchase an aggregate of 7,500,000 shares of common stock concurrently with the Series A 9% Convertible Preferred Stock to the accredited investors and (b) warrants to purchase an aggregate of 2,250,000 shares of common stock concurrently with the Series A 9% Convertible Preferred Stock to the placement agent.

ATTENTION

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 Provisions or such rule? See Appendix, Column 5, for state response.

- 2. 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.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. 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)	Signature Date
SEQUIAM CORPORATION	1007 Consk! December 9, 2005
Name (Print or Type)	Title (Print or Type)
Mark Mroczkowski	Senior Vice President and Chief Financial Officer

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

Preferred Stock with Common stock purchase warrants (no offering price	1	1	2	3			4		1	5
Preferred Stock with Common stock purchase warrants (no offering price		to non- investo	accredited ors in State	and aggregate offering price offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				
AL	State	Yes	No	Preferred Stock with Common stock purchase warrants (no	Accredited	Amount	Non-Accredited	Amount	Yes	No
AR CA CO CT	AL									
AR	AK									
CA	- AZ									
CO	AR									
CT	CA									
Of Series A Preferred Stock and Warrant to purchase 1,666,666 shares of Common Stock	СО									
DC	CT		x	\$350,000	1	of Series A Preferred Stock and Warrant to purchase 1,666,666 shares of Common	0	NA		x
FL	DE									
GA HI ID IL x \$125,000 1 125 Shares of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common Stock	DC									
HI ID IL x \$125,000 1 125 Shares of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common Stock	FL									
ID IL x \$125,000 1 125 Shares of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common Stock	GA									
IL x \$125,000 1 125 Shares of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common Stock	HI									
of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common Stock	ID									
			x	\$125,000	1	of Series A Preferred Stock and Warrant to purchase 595,238.10 shares of Common	0	NA		x
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KS						
KY						
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MN			_			
MS					-	

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APPENDIX

1		2	3			4			5
	to non- Investo	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)				
State	Yes	No	Series A Preferred Stock and Common stock purchase warrants (no offering price	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MO]							
МТ							-		
NE									
NV									
NH									
NJ									
-MM									
NY		x	\$500,000	1	500 Shares of Series A Preferred Stock and Warrant to purchase 2,380,952.38 shares of Common Stock	0	N/A		X
NC									
ND									
OH									
OK									
ÒR									
PA									
RI									
SC									
SD									
TN									
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UT									
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12 of 14

VA					
WA					
WV					
WI					

			X

1	to non- Investo	d to Sell accredited ars 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)			Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No	Series A Preferred Stock and Common stock purchase warrants (no offering price	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											