FORM D

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

DEC 2 0 2005

FORM D



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

	SEC US	E ONLY	
Prefix		Serial	
	DATE R	ECEIVED	

1270491

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)	
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.	
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) (if different from Executive Offices)	
Brief Description of Business	
Network Management Software	
Type of Business Organization	
☐ limited partnership, already formed	other (please specify):
	office (piease specify).
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 7 0 0 X Act	tual 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

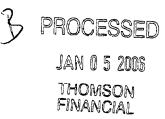
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales 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 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.

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.

SEC 1972 (2-97)



		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information	requested for the fo	ollowing:			
		has been organized within the p to vote or dispose, or direct the		r more of a class of	of equity securities of the
		rporate issuers and of corporate rtnership issuers.	general and managing partner	s of partnership is	ssuers; and
Check Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first Susan C. Nash	·				
Business or Residence Add 1801 North Glenville Drive		Street, City, State, Zip Code) as 75081			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first Dennis J. Gorman	, if individual)				<u> </u>
		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 Terry Rock	·				
Business or Residence Add 13455 Noel Road, Suite 16		Street, City, State, Zip Code) 75240			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first Charles Phipps	, if individual)				
Business or Residence Add 13455 Noel Road, Suite 16		Street, City, State, Zip Code)			
Check Box(es) that Apply:	****	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first H. Berry Cash	, if individual)				
		Street, City, State, Zip Code) 75240			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Skip Glass	, if individual)				
Business or Residence Add 2884 Sand Hill Road, Suite		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 Donald L. Fortenberry	, if individual)				
Business or Residence Add 1801 North Glenville Drive		Street, City, State, Zip Code) as 75081			
Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first Canaan Equity III L.P.	, if individual)				
Business or Residence Add 2884 Sand Hill Road, Suite		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 CenterPoint Venture Fund	II, L.P				
Business or Residence Add 13455 Noel Road, Suite 16	•	Street, City, State, Zip Code) 75240			-

R-122122.1

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)				
Business or Residence Addr 13455 Noel Road, Suite 167					
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)				
Business or Residence Addr 1801 North Glenville Drive,					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, InterWest Partners VIII, L.P					
Business or Residence Addr 2710 Sand Hill Road, 2 nd Flo					
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.					
Business or Residence Addr 13455 Noel Road, Suite 167					
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 St	reet, 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 St	reet, 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 St	reet, 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 St	reet, 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 St	reet, 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 St	reet, City, State, Zip Code)			

						B	. INFO)RMA	TION	ABOU'	T OFF	ERING	······		
1. H	as the	issuer	sold or			ntend to	sell, to	non-acc	redited i	nvestors	in this			Yes	No
				Answ	er also i	in Apper	ndix, Co	olumn 2,	if filing	under l	JLOE.				\boxtimes
2. W	hat is	s the mi	nimum	investm	ent that	will be a	iccepted	from ar	ny indivi	idual?				\$ <u>N/</u>	<u> </u>
3. Does the offering permit joint ownership of a single unit:								Yes □	. No ⊠						
in of re (5	direc secu gister) per	tly, any rities in red with sons to	commis the offer the SE	ssion or ering. If C and/or I are asse	similar i a perso with a	n to be l state or	ation for isted is a states, li	r solicita an assoc st the na	ation of paid the control of the con	ourchase rson or a ne broke	ers in co agent of r or dea	nnection a broken ler. If m	or with sales or dealer ore than five information		
Full Na		Last na N/A	me first,	if indiv	idual)										
Busine			nce Add	ress (Nu	mber ar	nd Street	, City, S	state, Zi	p Code)		,				
Name o	of As	sociated	d Broker	or Dea	ler										
States i	in Wł	nich Per	rson List	ted Has	Solicited	d or Inte	nds to S	olicit Pu	ırchaser	S					
(Check	"All	States'	or chec	k indivi	dual Sta	ites)		••••••							All States
[A	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[]	RI]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last na	me first,	, if indiv	idual)					•					
Busine	ss or	Reside	nce Add	ress (Nu	ımber ar	nd Street	, City, S	State, Zi	p Code)					to a construction	
Name	of As	sociate	d Broke	or Dea	ler										
						d or Inte						***************************************			All Ctatas
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						nd Street	., City, S	State, Zi	p Code)						
Name	of As	sociated	d Broke	r or Dea	ler										
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	ит]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
-	RI]	[SC]	[SD]	[TN]	[TX]	[UT]			[WA]			[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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	C	Aggreg Offering		An	nount Already Sold
	Debt	\$	_		\$	
	Equity	\$	9,120,	000	\$	7,495,848
	☐ Common ☒ Preferred					
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests				—	
	Other (Specify)					
	Total		9,120,			7,495,848
	Answer also in Appendix, Column 3, if filing under ULOE	Ψ		000	Ψ	7,472,040
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	er		Aggregate
			Investo	ors		ollar Amount of Purchases
	Accredited Investors		35			7,495,848
	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 Securi		D	ollar Amount Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		\$	N/A
	Rule 504		N/A		\$	N/A
	Total		N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secuthis offering. Exclude amounts relating solely to organization expenses of the issuer. The informable 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.	ation r				
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs	.,			\$	0
	Legal Fees			_ X	\$	73,000
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finder's fees separately)				\$	0
	Other Expenses (identify)				\$	0
	Total			\square	\$ \$	73,000
	[Utal		•••••		Ψ	7,5,000

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." 7,422,848 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 7,422,848 \times Other (specify) (investments) Column Totals \times 7,422,848

7,422,848

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

D.	FED	FRA	I. SI	GNA	TURE

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.	Of Don	December 14, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Donald L. Fortenberry	Vice President and Chief Financial Officer	

ATTENTION

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

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