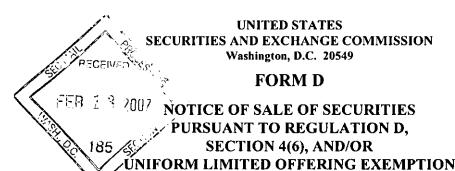
1390728

FORM D





Name of Offering (□ ch	eck if this is an amendment and name has	changed, and indicate	change.)					
ValueAct Capital Interna	tional II, L.P Offering of Limited Par	tnership Interests						
Filing Under (Check box(e.	s) that apply): $\square$ Rule 504 $\square$ R	lule 505 🗵 Rule	506 □ Section 4(6) □ ULOE					
Type of Filing:   Nev	v Filing: SEC, NJ		PHOCESSED.					
A. BASIC IDENTIFICATION DATA								
1. Enter the information red	quested about the issuer		FED 2 2 2000					
Name of Issuer (□ check	if this is an amendment and name has ch	anged, and indicate cha						
ValueAct Capital Interna	tional II, L.P.		THOMSON					
Address of Executive Office	(	Telephone Number (Myloding Area Code)						
435 Pacific Avenue, 4th Fl	oor, San Francisco, CA 94133	(415) 362-3700						
Address of Principal Busin	ess Operations (Number and Street, City	Telephone Number (Including Area Code)						
(if different from Executive	Offices) Same as above.	Same as above.						
Brief Description of Busine	ess: Investments in securities.							
Type of Business Organizat	ion							
□ corporation	☐ limited partnership, already	🗵 other (please specify): a British Virgin						
business trust	limited partnership, to be for	med	Islands Limited Partnership					
	Incorporation or Organization:  Organization:  Organization:  ON for Canada: FN for other foreign in	0 6 Postal Service abbreviati	☑ Actual ☐ Estimated ion for State: FN					

## **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 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 state 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.

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.

## 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 general partners of partnership issuers: and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Beneficial Owner ☐ Director □ General and/or Managing Partners Full Name (Last name first, if individual) VA Partners, L.L.C., (the "General Partner") Business or Residence Address (Number and Street, City, State, Zip Code) 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Check Box(es)that Apply: ☐ Promoter ☐Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Principal Managing Partners Full Name (Last name first, if individual) Ubben, Jeffrey W. Business or Residence Address (Number and Street, City, State, Zip Code) 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or ☑ Principal Managing Partners Full Name (Last name first, if individual) Kamin, Peter II. Business or Residence Address (Number and Street, City, State, Zip Code) 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 ☐ Executive Officer ☐ Director ☐ Beneficial Owner ☐ General and/or ☑ Principal Managing Partners Full Name (Last name first, if individual) Hammel, Jr., George F. Business or Residence Address (Number and Street, City, State, Zip Code) 435 Pacific Avenue, 4th Floor, San Francisco, CA 94133 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es)that Apply: ☐ Promoter ☐ Director ☐ General and/or Managing Partners 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 Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	UT OFFE	RING				
				. 1.	• .	27. 1.1		.1 :	0	-	Yes	No
1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering?						<b>U</b>	X					
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?						\$ <u>5,0</u>	*000,000					
* The	General Pa	rtner, in its	sole discre	tion, may a	accept lesse	er amounts.						
25	ec :			c · .	*.0						Yes	No
		-	t ownership	-								
comm If a pe list the dealer	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 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 person of such a broker or dealer, you may set forth the information for that broker or dealer only. Not applicable. Full Name (Last name first, if individual)											
	(		,									
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
		<u> </u>	<b>.</b> .				- <del></del>					
Name of .	Associated	Broker or	Dealer									
States in	Which Pers	on Listed I	nas Solicite	d or Intend	s to Solicit	Purchasers						
(Check	"All States	" or check	individual	States)				•••••			🗖	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]
[MT]	[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]
Full Nam	e (Last nam	ne first, if i	ndividual)	<del></del>								
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer			<u></u>						
rame or .	1000014104	2.0.0.										
States in Which Person Listed has Solicited or Intends to Solicit Purchasers												
(Check	"All States	" or check	individual :	States)		************		••••••	•••••		🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[ <b>IN</b> ]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[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]
Full Nam	e (Last nam	ne first, if i	ndividual)		· <del></del>		· · · · · · · · · · · · · · · · · · ·				- 1 - 1	
Duringg	Daviden		(Number	d C+	City Stat	a Zin Cad	۵)					
Business	or Residen	ce Address	(Number	and Street	i, City, Stat	e, Zip Coa	<del>e)</del>					
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)												
[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]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[NT]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1. Enter the aggregate offing 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	Aggregate Offering Amount	Amount Already Sold
Debt	\$0	\$ <u>0</u>
Equity	\$ <u>0</u>	\$ 0
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$ <u>0</u>	
Partnership Interests	\$ <u>5,000,000,000</u>	\$ <u>30,000,000</u>
Other (Specify)	<u>\$_0</u>	\$ <u>0</u>
Total	\$_5,000,000,000	\$ 30,000,000
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".		A
	Number	Aggregate Dollar Amoun
	Investors	of Purchases
Accredited Investors	1	\$_30,000,000
Non-accredited Investors.	0	\$ <u>0</u>
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
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	Dollar Amoun
Type of offering	Security	Sold
Rule 505	N/A	\$_0
Regulation A	N/A	\$ <u>0</u>
Rule 504	N/A	\$ <u>0</u>
Total	N/A	\$ <u>0</u>
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		\$ <u>0</u>
Printing and Engraving Costs	<u>x</u>	\$ 5,000
Legal Fees	IX	\$_60,000
Accounting Fees	IX	\$_2,000
Engineering Fees.		\$ <u>0</u>
Sales Commissions (specify finder's fees separately)		\$ <u>0</u>
Other Expenses (identify) Filing fees, organizational and miscellaneous expenses	IX	\$ 8,000
Total	X	\$ 75,000

C. OFFERING PRICE, NUMB	<mark>ER OF INVESTORS, EXPENSES AN</mark>	D U	SE OF PROCEE	DS	l l
<ul> <li>b. Enter the difference between the aggregate Question 1 and the total expenses furnished in response the "adjusted gross proceeds to the issuer".</li> <li>5. Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for the purposes shown.</li> </ul>	\$ <u>4,999,925,000</u>				
and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set froth in response		ai th	e		
adjusted gross proceeds to the issuer set from in resp	ond to rain of Queen in a sector		Payments To Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$ <u>0</u>		\$ <u>0</u>
Purchase of real estate			\$ <u>0</u>		\$ <u>0</u>
Purchase, rental or leasing and installation of m	achinery and equipment		\$ <u>0</u>		\$ <u>0</u>
Construction or leasing of plant buildings and f	acilities		\$ <u>0</u>		\$ <u>0</u>
Acquisition of other businesses (including the volfering that may be used in exchange for the assistance pursuant to a merger)	ssets or securities of another		\$ <u>0</u>		\$ <u>0</u>
Repayment on indebtedness			\$ 0		\$ 0
Working capital		\$ 0		\$ 0	
Other (specify): <u>Investments in securities.</u>			\$ 0	X	\$ <u>4,999,925,000</u>
Column Totals			\$ <u>0</u>	X	\$ <u>4,999,925,000</u>
Total Payments Listed (column totals added)			区 \$ <u>4</u>	,999,9	225,000
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed b following signature constitutes an undertaking by the the information furnished by the issuer to any non-accr	issuer to furnish to the U.S. Securities (	Comi	nission, upon wri		
Issuer (Print or Type)	Signature		Da	te	1
ValueAct Capital International II, L.P.	31. Hy			_   ح	2/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
By: VA Partners, L.L.C., General Partner By: George J. Hamel, Jr.	Principal				
Dj. George o. Mamen, ot.	a marpus				

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