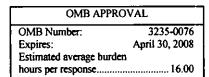
FORM D

### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



SEC USE ONLY

Serial

Prefix



Type of Filing: [X] New Filing [] Amendment

1. Enter the information requested about the issuer

Series A Preferred Stock

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

A. BASIC IDENTIFICATION DATA

| V | DATE RÉCEINED   |
|---|---|
|   |   |
|   | HICKINED AND  |
|   | 007 0 5 200/  |
|   | 2007  |
| _ | 186   |
| _ |   |
|   | <b>V</b>  |
|   | Telephone Number (Including Area Code) (212) 207-4581 |
|   | Telephone Number (Including Area Code) PROCESSED      |
|   | <b>በድ</b> ፕ ብ በ <del>የነበ</del> ን                      |

**Brief Description of Business** 

Triton Technologies Holdings, Inc.

**ULI IU ZUU** 

**Holding Company** 

Executive Offices)

Type of Business Organization

[X] corporation

[ ] business trust

[ ] limited partnership, already formed [ ] limited partnership, to be formed

Address of Executive Offices (Number and Street, City, State, Zip Code)

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from

c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [ X ] Rule 506 [ ] Section 4(6) [ ] ULOE

[ ] other (please specify):

**Month** Year Year [0|7]

[0 |7 ]

[X] Actual [] Estimated

Actual or Estimated Date of Incorporation or Organization:

CN for Canada; FN for other foreign jurisdiction) [D | E]

# 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.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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

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.

### 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.

Persons who 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 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 partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                    | [ ] Promoter [ X ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner   |
|--|--|
| Full Name (Last name first, if<br>Enhanced Equity Fund, L.P  | individual)  |
| Business or Residence Addres<br>350 Park Avenue, 24th Floor  | s (Number and Street, City, State, Zip Code) , New York, NY 10022  |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ X ] Director [ ] General and/or Managing Partner |
| Full Name (Last name first, if Kostuchenko, Malcolm T.       | individual)  |
| Business or Residence Addres<br>350 Park Avenue, 24th Floor  | s (Number and Street, City, State, Zip Code) 7, New York, NY 10022   |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ X ] Director [ ] General and/or Managing Partner   |
| Full Name (Last name first, if Stryker, Charles W.           | individual)  |
| Business or Residence Addres<br>701 Eastgate Drive, Suite 12 | s (Number and Street, City, State, Zip Code)<br>9, Mount Laurel, NJ 08054                                    |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ X ] Director [ ] General and/or Managing Partner |
| Full Name (Last name first, if Chasen, Steven M.             | individual)  |
| Business or Residence Addres<br>35 Eastman Street, S. Easton | s (Number and Street, City, State, Zip Code)  , MA 02375   |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ X ] Director [ ] General and/or Managing Partner |
| Full Name (Last name first, if Chasen, Eric                  | individual)  |
| Business or Residence Addres<br>35 Eastman Street, S. Easton | s (Number and Street, City, State, Zip Code) a, MA 02375   |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ ] Director [ ] General and/or Managing Partner   |
| Full Name (Last name first, if Bank, Andrew S.               | individual)  |
| Business or Residence Addres<br>35 Eastman Street, S. Easton | s (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply:                                    | [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ X ] Director [ ] General and/or Managing Partner   |
| Full Name (Last name first, if Howe, David Y.                | individual)  |
| Business or Residence Addres                                 | s (Number and Street, City, State, Zip Code)   |

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|                       |                              |  |                              |                                | B. INF                       | ORMAT                        | ION ABO                                 | UT OFFI                                 | ERING                        |                              |   |   |                              |                |
|-----------------------|------------------------------|--|------------------------------|--------------------------------|------------------------------|------------------------------|---|---|------------------------------|------------------------------|---|---|------------------------------|----------------|
| 1. Has the            | issuer sold,                 | , or does the  | issuer inter                 | nd to sell, to                 | non-accred                   | lited investo                | rs in this of                           | Tering?                                 |                              |                              |   |   |                              | Yes No [ ] [X] |
|                       |                              |  |                              | ,                              | Answer also                  | in Append                    | ix, Column                              | 2, if filing u                          | ınder ULOE                   | i.                           |   |   |                              |                |
| 2. What is            | the minim                    | um investme  | ent that will                | be accepted                    | 1 from any i                 | ndividual?.                  |   |   |                              |                              |   |   | No                           | o Minimum      |
|                       |                              |  |                              | •                              |                              |                              |   |   |                              |                              |   |   |                              | Yes No         |
| 3. Does th            | e offering p                 | ermit joint  | ownership o                  | of a single u                  | nit?                         | ••••••                       | *************************************** |   |                              |                              |   |   |                              | [X] []         |
| register              | tion of purc<br>ed with the  | on requested<br>hasers in co-<br>SEC and/or<br>dealer, you | nnection wi<br>with a state  | th sales of s<br>or states, li | ecurities in<br>ist the name | the offering<br>of the brok  | g. If a perso<br>er or dealer           | n to be liste<br>. If more th           | d is an asso                 | ciated perso                 | n or agent o                            | of a broker o                           | r dealer                     |                |
| Full Name (           | (Last name                   | first, if indi   | vidual)                      |                                |                              |                              | -                                       |   |                              |                              |   |   |                              |                |
| Business or           | Residence                    | Address (N   | umber and                    | Street, City,                  | State, Zip                   | Code)                        |   |   |                              |                              |   |   |                              |                |
| Name of As            | ssociated B                  | roker or Dea   | aler                         |                                |                              |                              |   |   |                              |                              |   |   |                              |                |
| States in W           |                              |  |                              |                                |                              |                              |   |   |                              |                              |   |   |                              |                |
| (Check                | "All States"                 | or check in  | ndividual St                 | ates)                          | ••••••                       |                              |   | *************************************** |                              |                              |   | ****************                        | [                            | J All States   |
|                       | (AL)<br>(IL)<br>(MT)<br>(RI) | (AK)<br>[IN]<br>(NE)<br>[SC]                               | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]            | (DE)<br>(MD)<br>[NC]<br>[VA]            | [DC]<br>[MA]<br>[ND]<br>[WA] | (FL)<br>(MI)<br>(OH)<br>(WV) | [GA]<br>[MN]<br>[OK]<br>[W]]            | [HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR] |                |
| Full Name             |                              |  |                              | [IN]                           | [[]                          | [01]                         | [41]                                    | [VA]                                    | (WA)                         | [** *]                       | [tw]                                    | [**1]                                   | [FK]                         | <del></del> -  |
| Business or           | Residence                    | Address (N   | umber and                    | Street, City                   | State Zin                    | Code)                        |   |   |                              |                              | <u>.</u>                                |   | -                            |                |
|                       |                              |  |                              |                                | , оши, шир                   |                              |   |   |                              |                              |   |   | _                            |                |
| Name of As            | ssociated B                  | roker or Dea   | aler                         |                                |                              |                              |   |   |                              |                              |   |   |                              |                |
| States in W<br>(Check |                              |  |                              |                                |                              |                              |   |   |                              |                              |   |   | [                            | ] All States   |
|                       | (AL)<br>(IL)<br>(MT)<br>(RI) | [AK]<br>[IN]<br>[NE]<br>[SC]                               | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]            | [DE]<br>[MD]<br>[NC]<br>[VA]            | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]            | (HI]<br>[MS]<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>[PR] |                |
| Full Name             | (Last name                   | first, if indi   | viđual)                      |                                |                              |                              |   |   |                              |                              |   |   | -                            |                |
| Business or           | Residence                    | Address (N   | umber and                    | Street, City,                  | State, Zip                   | Code)                        |   |   | <del>_</del>                 |                              |   |   |                              |                |
| Name of A             | ssociated B                  | roker or Dea   | aler                         |                                |                              |                              |   |   |                              |                              |   |   |                              |                |
|                       | <u></u>                      |  |                              |                                |                              |                              |   |   |                              |                              |   |   |                              |                |
|                       |                              | Listed Has<br>or check in                                  |                              |                                |                              |                              | ************                            | ***********                             | *************                |                              | *************************************** | *************************************** | [                            | ] All States   |
|                       | [AL]<br>[IL]<br>[MT]<br>[RI] | [AK]<br>[IN]<br>[NE]<br>[SC]                               | [AZ]<br>[IA]<br>[NV]<br>[SD] | (AR)<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX] | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]            | [DE]<br>[MD]<br>[NC]<br>[VA]            | [DC]<br>[MA]<br>[ND]<br>[WA] | [FL]<br>[M]]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]            | (HI)<br>[MS)<br>[OR]<br>[WY]            | [ID]<br>[MO]<br>[PA]<br>(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 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 [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Type of Security Offering Already Ртісе Sold 0 0 Debt 7,625,000 7,625,000 Equity [ ] Common [ X ] Preferred 0 Convertible Securities (including warrants) Partnership Interests ...... 0 0 ) ..... 0 Other (Specify \$ 7,625,000 7,625,000 Total 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." Aggregate Number **Dollar Amount** of Purchases. Investors Accredited Investors 7,625,000 S Non-accredited Investors \$ Total (for filings under Rule 504 only) ..... \$ Answer also in Appendix, Column 4, if filing under ULOE. 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 Amount Type of Offering Security Sold **Rule 505** Regulation A Rule 504 Total ..... 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 []

5,000

[X]

Legal Fees

| b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total expenses furnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer"  |   |  |         |            |  |              | \$ <u>7.620.0</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. |   |  |         |            |  |              |                   |                       |  |  |
|  |   |  |         | E          | ayments to<br>Officers,<br>Directors &<br>Affiliates |              |                   | Payments to<br>Others |  |  |
|  | Salaries and fees   |  | []      |            |  | _ []         | \$ .              | <del></del>           |  |  |
|  | Purchase of real estate   |  | []      | s          |  | _ []         | \$ .              |                       |  |  |
|  | Purchase, rental or leasing and installation of machinery and equipment   | t  | []      | s          |  | _ []         | S                 |                       |  |  |
|  | Construction or leasing of plant buildings and facilities   |  | []      | s          |  | _ []         | \$                |                       |  |  |
|  | Acquisition of other businesses (including the value of securities invused in exchange for the assets or securities of another issuer pursuant t  |  | e<br>[] | s          |  | _ [x]        | \$                | 7,620,000             |  |  |
|  | Repayment of indebtedness   |  | []      | s          |  | _ ()         | \$                |                       |  |  |
|  | Working capital   |  | []      | s          |  | _ []         | S                 |                       |  |  |
|  | Other (specify):  |  | _       |            |  |              |                   |                       |  |  |
|  |   |  | _ []    | s          |  | _ []         | \$                |                       |  |  |
|  | Column Totals   |  | []      | s          |  | _ [X]        | \$                | 7,620,000             |  |  |
|  | Total Payments Listed (column totals added)   |  | [X]     | \$ _7,62   | 20,000   |              |                   |                       |  |  |
|  | D. FEDER  | RAL SIGNATURE                              |         |            |  |              |                   |                       |  |  |
| unde   | issuer has duly caused this notice to be signed by the undersigned duly author<br>rtaking by the issuer to furnish to the U.S. Securities and Exchange Commiss<br>accredited investor pursuant to paragraph (b)(2) of Rule 502. |  |         |            |  |              |                   |                       |  |  |
|  | on Technologies Holdings, Inc.  |  |         | Date<br>(A | 98   | 2001         |                   |                       |  |  |
|  |   | •    |         |            | , ,,   |              |                   |                       |  |  |
| Trit<br>Nam  | on Technologies Holdings, Inc. e of Signer (Print or Type)  Title   | e of Signer (Print or Type)<br>e President |         | 9          | 198  | <u> 2001</u> |                   |                       |  |  |

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

ATTENTION

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

