FORM D

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

FORM D

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

OMB APPROVAL OMB Number: 3235-0076 Expires: June 30, 2008 Estimated average burden hours per response 16.00

SEC USE ONLY

Prefix Serial

DATE RECEIVED

Name of Offering (check if this an amendment and name has changed, and indicate change.)			
CVF Series A Preferred Stock Warrant Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 □ Rule 506 □ Section 4(6) Type of Filing: □ New Filing □ Amendment	ULOE WAS FLACTORY		
A. BASIC IDENTIFICATION DATA			
Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)			
Administrative Systems, Inc.	Lington DC		
Address of Executive Offices (Number and Street, City, State, Zip Code) 1651 Response Road, Suite 350, Sacramento, CA 95815	Telephone Number (Including Area Vest) ington, DC (916) 929-5515		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)			
Brief Description of Business	·		
Retirement Plan Disbursements and Services	<u> </u>		
Type of Business Organization			
corporation limited partnership, already formed	other (please specify):		
business trust			
Actual or Estimated Date of Incorporation or Organization: Month Year			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	CA		
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(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 Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at . due, on the date it was mailed by United States registered or certified mail to that address.



08053728

Where To File: U.S. Securities and Exchange Commission, 459 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 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.

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 sate 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 file din 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 in predicated on the filing of a federal notice.

SEC 1972 (6-02)

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	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Robinson, Donald J.	f individual)				
Business or Residence Addre	ess (Number and	d Street City State Zin	Code)		-
1651 Response Road, Suite			Code)		
Check Box(es) that Apply:			☑ Executive Officer		T C 1 1/
	□ Promoter	☐ Beneficial Owner	E Skeediive Office.	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Hickman, Robert T.	if individual) 				
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)		
1651 Response Road, Suite	350, Sacramen	to, CA 95815			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Crane, Keith T.	if individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		
1651 Response Road, Suite			,		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Drakeley, Doug					
Business or Residence Addre			Code)		
1651 Response Road, Suite	350, Sacramen	to, CA 95815		<u>.</u>	·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Fong, Geraldine M.					
Business or Residence Addre			Code)		
1651 Response Road, Suite	350, Sacramen	to, CA 95815			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Powell, James R.					
Business or Residence Addre	•	-	Code)		
1651 Response Road, Suite	350, Sacramen	to, CA 95815		 -	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	 ☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Brand, Ann C.		1	_		
Business or Residence Address (Number and Street, City, State, Zip Code)					
1651 Response Road, Suite 350, Sacramento, CA 95815 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)					
((Use blank sheet	, or copy and use addition	onal copies of this sheet,	as necessary)	

B. INFORMATION ABOUT OFFERING						
D. INFORMATION ADOCT OF EMAILS						
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes □	No ⊠				
Answer also in Appendix, Column 2, if filing under ULOE.						
2. What is the minimum investment that will be accepted from any individual?	\$ N/A Yes	No No				
3. Does the offering permit joint ownership of a single unit?	x es					
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 or agent 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 persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)		· ·				
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	🗆 All	States				
AL AK AZ AR CA CO CT DE DC FL GA H		D				
IL IN IA KS KY LA ME MD MA MI MN M	S N	МО				
MT NE NV NH NJ NM NY NC ND OH OK O	R [PA				
RI SC SD TN TX UT VT VA WA WV WI W	/Y [PR				
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
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	🗆 A	II States				
AL AK AZ AR CA CO CT DE DC FL GA H		D				
IL IN IA KS KY LA ME MD MA MI MN M	IS N	мо				
MT NE NV NH NJ NM NY NC ND OH OK O	R	PA				
		PR				
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
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 H		D				
IL IN IA KS KY LA ME MD MA MI MN M	S	МО				
MT NE NV NH NJ NM NY NC ND OH OK O	R F	PA				
		PR				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) $3 \ of \ 9$

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	Aggregate Offering Pri		A	Amo lready	unt ' Sold
	Debt	\$	_	\$		
	Equity	\$		\$ _		
	□ Common □ Preferred					
	Convertible Securities (including warrants) Series A Preferred Stock purchase Warrant Partnership Interests	\$ <u>10.00</u> \$		\$ \$		0
	Other (Specify)	\$		\$.		0
	Total	\$ 10.00		Э.		U
	This was also in Appendix, Column 5, A ming and C202.					
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 "non" or "zero."	Number			Aggre	
		Investors			Dol Amou Purch	nt of
	Accredited Investors	1	_			
	Non-accredited Investors			\$		
	Total (for filings under Rule 504 only)	W		\$ \$		
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			Dol	lar
		Security		Α	moun	t Sold
	Rule 505			\$.		
	Regulation A	-		\$.		
	Total			\$		
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 insurer. 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		П	\$		
	Printing and Engraving Costs			\$		
	Legal Fees				-	
	Accounting Fees					
	Engineering Fees			\$		
	Sales Commissions (specify finders' fees separately)			\$		
	Other expenses (identify)			\$		
	• • •			·		
	Total	*****	X	\$		0

C	FFERING PRICE NUMBER OF IN	· IVESTORS, EXPENSES AND USE OF PR	OCEEDS	
b.	Enter the difference between the aggr - Question 1 and total expenses furnis	egate offering price given in response to Part (shed in response to Part C – Question 4.a. Thiseeds to the issuer."	C is	\$ <u>10.00</u>
5.	proposed to be used for each of the puis not known, furnish an estimate and	isted gross proceed to the issuer used or irposes shown. If the amount for any purpose check the box to the left of the estimate. The il the adjusted gross proceeds to the issuer set 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
			□ ♪	□\$
			- □\$_ <u></u>	□ \$
	ase, rental or leasing and installation o		□ \$	□\$
		d facilities		r
		ne value of securities involved in this offering	□ 3	
that n	nay be used in exchange for the assets of	or securities of another issuer pursuant to a	□\$	□ \$ <u></u>
		•••••••••••••••••••••••••••••••••••••••		
				
	- -			
Other	(specity)	••••••••••••••••••••••••••••••••••••	□ \$	
			□ \$	□ \$
			□\$	□\$
Total	Payments Listed (column totals added)	. ⊠\$	10.00	
		D. FEDERAL SIGNATURE		
the fo	llowing signature constitutes an undert	signed by the undersigned duly authorized per aking by the issuer to furnish to the U.S. Secu urnished by the issuer to any non-accredited in	rities and Exchange	Commission, upon
	(Print or Type)	Signature	Date	
Name	nistrative Systems, Inc. of Signer (Print or Type) ld J. Robinson	Title of Signer (Print or Type) President	June / 4, 2008	
				_ _

ATTENTION

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

