FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMENDINAIL Processing Washington, D.C. 20549 Section

FORM D

22 2008

NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION Achington, DC **SECTION 4(6), AND/OR** 110 UNIFORM LIMITED OFFERING EXEMPTION

| 1440 | 0 / / |
|--------------------|----------------|
| OMB API | PROVAL |
| OMB Number: | 3235-0076 |
| Expires: | April 30, 2008 |
| Estimated average | burden |
| hours per response | e16.00 |
| | |
| SEC USE | ONLY |
| Prefix | Serial |

DATE RECEIVED

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) |
|---|
| General Atlantic Investment Partners I, L.P. – Offering of Limited Partnership Interests |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE |
| Type of Filing: New Filing Amendment |
| Type of Filing: New Filing Amendment PROCESSED |
| A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer. |
| Enter the information requested about the issuer . JUL 23 2000 The second secon |
| Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) General Atlantic Investment Partners I, L.P. THOMSON REUTERS |
| General Atlantic Investment Partners I, L.P. |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| c/o General Atlantic Service Company LLC, 3 Pickwick Plaza, Greenwich, CT 06830 (203) 629-8600 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| (if different from Executive Offices) |
| |
| Brief Description of Business |
| |
| Investment Fund |
| Type of Business Organization |
| □ corporation □ limited partnership, already formed □ other (please specify): |
| ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed 08056419 |
| Month Year |
| Actual or Estimated Date of Incorporation or Organization: 0 5 0 8 🛮 Actual 🗆 Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: |
| 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.

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 Avenue, 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 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 (5-05)

| A. BASIC IDENTIFICAT | TION DATA | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 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 | 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 generated | ral and managing partners of partnership issuers; and | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Execu | utive Officer ☐ Director ☑ General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) General Atlantic GP, L.P. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | , | | | | | | | | |
| Three Pickwick Plaza Greenwich, CT 06830 | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Execu | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) General Atlantic LLC | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Three Pickwick Plaza Greenwich, CT 06830 | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Execu | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Denning, Steven A. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | • | | | | | | | | |
| c/o General Atlantic Service Company, LLC, Three Pickwick Pl | aza, Greenwich, CT 06830 | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Execu | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) Ford, William E. | | | | | | | | | |
| | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Pl | | | | | | | | | |
| | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) Bloom, Peter L. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Pl | | | | | | | | | |
| | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) Dzialga, Mark F. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Plaza, Greenwich, CT 06830 | | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Execu | utive Officer | | | | | | | | |
| Full Name (Last name first, if individual) Grabe, William O. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Pl | | | | | | | | | |

| | A. BASIC IDENTIFICATION DATA | | | | | | | | |
|--|--|---|--|-------------------------------|---------------------------------------|--|--|--|--|
| 2. Enter the in | . Enter the information requested for the following: | | | | | | | | |
| • Each | promoter of th | e issuer, if the issue | er has been organized with | in the past five years; | | | | | |
| • Each | beneficial own | er having the powe | r to vote or dispose, or dire | ct the vote or disposition of | f, 10% or more of a c | lass of equity securities of the issuer; | | | |
| • Each | executive offic | er and director of c | orporate issuers and of cor | porate general and manag | ing partners of partne | rship issuers; and | | | |
| • Each | general and m | anaging partner of | partnership issuers. | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Member | | | | | | | | | |
| Full Name (Last Hodgson, D | | individual) | | | | | | | |
| Business or Res | | ess (Numb | per and Street, City, State | , Zip Code) | | | | | |
| c/o General | Atlantic S | ervice Compa | any, LLC, Three Pic | kwick Plaza, Greer | nwich, CT 0683 | 0 | | | |
| Check Box(es) t | that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | □ General and/or ■ Managing Member | | | |
| Full Name (Last Bingham, R | | | | | | | | | |
| Business or Res | | | per and Street, City, State | | Alto, CA 94301 | | | | |
| Check Box(es) t | | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Member | | | |
| Full Name (Last | t name first. if | individual) | | <u> </u> | | <u>.</u> | | | |
| Kern, Rene | | , | | | | | | | |
| Business or Res | sidence Addr | ess (Numb | per and Street, City, State | , Zip Code) | | | | | |
| c/o General | Atlantic S | ervice Compa | any, LLC, Three Pic | kwick Plaza, Greer | wich, CT 0683 | 0 | | | |
| Check Box(es) t | • | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Member | | | |
| Full Name (Last | t name first, if | individual) | | | | | | | |
| Korngold, Je | onathan | | | | | | | | |
| Business or Res | | ann (Alumh | as and Street City State | Zin Codo) | | | | | |
| | | | per and Street, City, State any, LLC, Three Pic | | wich, CT 0683 | 0 | | | |
| Check Box(es) t | | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Member | | | |
| Full Manager (1 and | | thattida | | | | | | | |
| Full Name (Last Levy, Anton | | individual) | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Business or Res | | , | per and Street, City, State any, LLC, Three Pic | | wich, CT 0683 | 0 | | | |
| Check Box(es) t | that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | □ General and/or Managing Member | | | |
| Full Name (Last McMorris, M | | individual) | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, 228 Hamilton Avenue, Palo Alto, CA 94301 | | | | | | | | | |
| Check Box(es) t | that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Member | | | |
| Full Name (Last name first, if individual) Nimetz, Matthew | | | | | | | | | |
| Business or Res | sidence Addr | • | per and Street, City, State | | wich, CT 0683 | 0 | | | |

| A. BASIC IDENTIFICATION DATA | | | | | | | | | | |
|--|--|--------------------------------|-----------------------|---|--|--|--|--|--|--|
| 2. Enter the information requested t | 2. Enter the information requested for the following: | | | | | | | | | |
| Each promoter of the issuer, i | f the issuer has been organized with | hin the past five years; | | | | | | | | |
| Each beneficial owner having | the power to vote or dispose, or dir | ect the vote or disposition of | f, 10% or more of a | class of equity securities of the issuer; | | | | | | |
| Each executive officer and dir | ector of corporate issuers and of co | rporate general and managi | ing partners of partr | ership issuers; and | | | | | | |
| Each general and managing p | partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Member | | | | | | | | | | |
| Full Name (Last name first, if individual) Smithson, Franchon M. | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City, Stat | e, Zip Code) | | | | | | | | |
| c/o General Atlantic Service | Company, LLC, Three Pi | ckwick Plaza, Greer | wich, CT 068 | 30 | | | | | | |
| Check Box(es) that Apply: | noter Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individual Tinsley, Tom C. | at) | | | | | | | | | |
| Business or Residence Address c/o General Atlantic Service | (Number and Street, City, Stat Company, LLC, Three Pi | | nwich, CT 068 | 30 | | | | | | |
| Check Box(es) that Apply: | noter | ☐ Executive Officer | ☐ Director | □ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individua | al) | | | | | | | | | |
| Trahanas, Philip P. | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City, State | e, Zip Code) | | | | | | | | |
| c/o General Atlantic Service | Company, LLC, Three Pie | ckwick Plaza, Greer | wich, CT 068 | 30 | | | | | | |
| Check Box(es) that Apply: | <u>_</u> _ | ☐ Executive Officer | Director | ☑ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individua | al) | | | | | | | | | |
| Bernstein, John | | | | | | | | | | |
| Business or Residence Address c/o General Atlantic Limited, | (Number and Street, City, State 83 Pall Mall, Fourth Floo | | 1Y 5ES | | | | | | | |
| Check Box(es) that Apply: | noter | ☐ Executive Officer | Director | ☑ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individua Esser, Klaus | al) | | | | | | | | | |
| Business or Residence Address c/o General Atlantic GmbH, I | (Number and Street, City, Stat Königsallee 62, 40212 Dü | - • | | | | | | | | |
| Check Box(es) that Apply: Pror | noter | ☐ Executive Officer | Director | ☐ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individual) Thum, Oliver | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic GmbH, Königsallee 62, 40212 Düsseldorf Germany | | | | | | | | | | |
| Check Box(es) that Apply: | noter Beneficial Owner | ☐ Executive Officer | Director | □ General and/or Managing Member | | | | | | |
| Full Name (Last name first, if individual) Wendelstadt, Florian P. | | | | | | | | | | |
| Business or Residence Address c/o General Atlantic Limited, | (Number and Street, City, State 83 Pall Mall, Fourth Floo | | | | | | | | | |

A. BASIC IDENTIFICATION DATA 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. □ General and/or ☐ Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Managing Member Full Name (Last name first, if individual) Havaldar, Abhay **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o General Atlantic Private Limited, Room 151 - 152, 15th Floor VI200 Nariman Point Mumbai 400 021 India □ General and/or □ Promoter ☐ Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: Managing Member Full Name (Last name first, if individual) Leng, Jeff **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o General Atlantic Asia LLC, Suite 2007-10, 20th Floor, 1 Harbour View Street Central, Hong Kong China ☐ Beneficial Owner □ Executive Officer □ Director □ General and/or Check Box(es) that Apply: □ Promoter Managing Member Full Name (Last name first, if individual) Pandit, Ranjit **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o General Atlantic LLC, Three Pickwick Plaza, Greenwich, CT 06830 □ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Director Managing Member Full Name (Last name first, if individual) Rai, Raul R. **Business or Residence Address** (Number and Street, City, State, Zip Code) c/o General Atlantic Private Limited, Room 151 - 152, 15th Floor VI200 Nariman Point Mumbai 400 021 India Beneficial Owner □ Executive Officer □ Director □ General and/or Check Box(es) that Apply: Promoter Managing Member Full Name (Last name first, if individual) Sharma, Sunish Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Private Limited, Room 151 - 152, 15th Floor VI200 Nariman Point Mumbai 400 021 India □ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director Managing Member Full Name (Last name first, if individual) Tong, Sean Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Asia LLC, Suite 2007-10, 20th Floor, 1 Harbour View Street Central, Hong Kong □ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Promoter Check Box(es) that Apply: Managing Member Full Name (Last name first, if individual) Murphy, Thomas J.

☐ Executive Officer

□ Director

□ General and/or

Managing Member

(Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Plaza, Greenwich, CT 06830

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

Business or Residence Address

Full Name (Last name first, if individual)

□ Promoter

Check Box(es) that Apply:

Rosenstein, David A. Business or Residence Address

| c/o General Atlantic Service Company, LLC, Three Pickwick Plaza, Greenwich, CT 06830 | | | | | | | | | | |
|---|---|--------------------|---------------------|-----------------------------------|--|--|--|--|--|--|
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | General and/or Managing Member | | | | | | |
| Full Name (Last name first, I | Full Name (Last name first, if individual) | | | | | | | | | |
| Lanning, Christopher | · G. | | | | | | | | | |
| | Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Plaza, Greenwich, CT 06830 | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Member | | | | | | | | | | |
| Full Name (Last name first, i | if individual) | | | | | | | | | |
| Pearson, Andrew | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o General Atlantic Service Company, LLC, Three Pickwick Plaza, Greenwich, CT 06830 | | | | | | | | | | |

| B. INFORMATION ABOUT OFFERING | | | | | | | | | | | | | | |
|--|---|-------------|---------------------|----------------|--------------------------|-------------|------------------------|----------------|-----------------|---------------|----------|------------|-----------------|--------|
| | 4. Use the inquested or does the inquestistend to sell to see accordited investors in this effective? | | | | | | | | Yes | No ⊠ | | | | |
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | 121 | | | | | |
| 2. | What is | the minim | num invest | | will be acc | | - | _ | JLUL. | | | | \$ <u>50,00</u> | 0,000¹ |
| | | | | | | | | | | | | | Yes | No |
| 3. 4 | | _ | - | | - | _ | | | | | | irectly an | | |
| 4. | 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. N/A | | | | | | | | | | | | | |
| Full | Name (L | ast name. | first, if ind | ividual) | | | | | | | | | | |
| Bus | iness or | Residence | Address | (Number a | and Street, | City, State | e, Zip Cod | e) | | - 11 | | | | |
| Nan | ne of Ass | ociated B | roker or D | ealer | | | | | | | | | | |
| Stat | - | | | | d or Intend | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | ····_ | • |
| | AL | AK | [AZ] | [Ze] | CA | (CO) | CT NE | DE | DC] | FL | [GA] | HI | | |
| | IL. | וא | IA I | KS | KY | LA | ME | MD] | MA | MI | MN | MS | PA | |
| | MT | NE | NV | NH | NJ | NM) | NY | NC NC | ND I | OH) | OK] | OR WY | PR | |
| Full | RI Name (L | SC ast name | SD first, if ind | TN ividual) | TX | UT] | VT | (VA) | [WA] | [<u>wv</u>] | Wi | - | [FK] | |
| | | | | | and Street, | City State | a Zin Cod | ۵) | | ; | | | | |
| Bus | iiiess of | rvesidence | Audress | (INUITIDEL S | iiiu Sueet, | Ony, State | , , z.p cod | - , | | | | | | |
| | | | roker or D | | | | | | | | | | | |
| Stat | | | | | d or Intend I States) | | | | *************** | ************ | ., | | 🔲 All State | S |
| | AL | [AK] | ΑZ | AR | CA | [CO] | СТ | DE | (DC) | FL | GA | [HI] | (ID) | |
| | | 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 | |
| Fuli | | | first, if ind | | | | | | | | | | | |
| Bus | iness or | Residence | Address | (Number a | and Street, | City, State | e, Zip Cod | e) | | | | | | |
| Nan | 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) | | | | | | | | S | | | | | |
| | AL | AK | AZ | AR | CA | CO | СТ | DE | DC | FL | GA | HI | ID . | |
| | | IN | IA | KS | KY | LA | ME | MD | MA | MI | [MN] | MS | MO | |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK) | OR | PA | |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | W∨ | WI | WY | PR | |

¹ The General Partner may waive the required commitment amount in its sole discretion.

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 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 Price | Amount Already Sold |
| | Debt | \$ <u>N/A</u> | \$N/A |
| | Equity | \$N/A | \$ N/A |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ <u>N/A</u> | \$ <u>N/A</u> |
| | Partnership Interests | \$850,000,000 | \$ <u>640,000,000</u> |
| | Other (Specify) | \$ <u> </u> | \$ <u>0</u> |
| | Total | \$850,000,000 | \$640,000,000 |
| | 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." | | Aggragata |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 21 | \$ <u>640,000,000</u> |
| | Non-accredited Investors | 0 | <u> </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 Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | N/A | \$ <u>N/A</u> |
| | Regulation A | N/A | \$ <u>N/A</u> |
| | Rule 504 | N/A | \$ <u>N/A</u> |
| | Total | N/A | \$ <u>N/A</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 | |] \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | \$465,000 |
| | Accounting Fees | E | \$ <u>10,000</u> |
| | Engineering Fees | |] \$ |
| | Sales Commissions (specify finders' fees separately) | |] \$ |
| | Other Expenses (identify) Miscellaneous due diligence and marketing | 🗵 | \$145,000 |
| | Total | 🔯 | \$ <u>620,000</u> |
| | | | |

| _ | C. OFFERING PRIC | E, NUMBER OF INVESTORS, EXPENSES AND USI | E OF PROCEEDS | |
|--|---|---|----------------------------|---|
| | and total expenses furnished in response to F | te offering price given in response to Part C — Question 1 Part C - Question 4.a. This difference is the "adjusted gross" | | \$ <u>849,380,000</u> |
| 5. | each of the purposes shown. If the amount for | oss proceeds to the issuer used or proposed to be used for or any purpose is not known, furnish an estimate and check tal of the payments listed must equal the adjusted gross 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 installar and equipment | tion of machinery | 🗆 \$ | \$ |
| | | s and facilities | | |
| | offering that may be used in exchange | ng the value of securities involved in this for the assets or securities of another | 🗆 \$ | _ 🗆 \$ |
| | Repayment of indebtedness | | 🗆 \$ | |
| | Working capital | 🗆 \$ | \$ | |
| | Other (specify): Investments in securitie | ⊠ \$ <u>849,380,000</u> | _ 🗆 \$ | |
| | | | | |
| | | | 🗆 \$ | \$ |
| | Column Totals | | 🛭 \$ <u>849,380,000</u> | _ 🗆 \$ |
| | Total Payments Listed (column totals a | ×849,380,000 | | |
| | | D. FEDERAL SIGNATURE | | |
| sig | nature constitutes an undertaking by the iss | gned by the undersigned duly authorized person. If this uer to furnish to the U.S. Securities and Exchange Cor-accredited investor pursuant to paragraph (b)(2) of Rule 5 | mmission, upon writte | tule 505, the following n request of its staff, |
| Ge | uer (Print or Type) eneral Atlantic Investment rtners I, L.P. | Signature Date Jul | y <u>/7</u> , 2008 | |
| Ву | me of Signer (Print or Type) : General Atlantic GP, L.P., general partner | Title of Signer (Print or Type) Managing Director of General Atlantic LLC | C, the general par | tner of the |
| By: General Atlantic LLC, its general partner | | general partner of the issuer. | | |
| Ву | : Matthew Nimetz | | | |
| ١ | | TTENTION TO THE TOTAL PROPERTY OF THE TOTAL | | |



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