FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

Mail Processing Section

MAR 13 2009

FORM D

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

Washington, DC 105

OMB Approval

OMB Number: 3235-0076 Expires: November 30, 2001

Estimated average burden hours per response . . .16.00



| Name of Offering (L) check if this is an amendment and name has changed, and indicate change.) | • |
|--|--|
| Rembrandt Partners Master Fund, Ltd. Redeemable, Voting Participating Shar | es |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ UL | PROCESSED |
| Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICATION E | MAR 2 7 2009 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Rembrandt Partners Master Fund, Ltd. | THOMSON REUTERS |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| · · · · · · · · · · · · · · · · · · · | roopiione ramoor (monachig raea coace) |
| c/o Bison Financial Services Limited | |
| P.O. Box 3460, Bison Court, Road Town, Tortola, British Virgin Islands | (284) 494-5239 |
| 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 | |
| | |
| Investment Fund | |
| Type of Business Organization Cropporation Dimited partnership, already formed | Zathar (places specific). DVI Intermedical Durings Commen |
| □ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed | ☑ other (please specify): BVI International Business Company |
| | Month Year |
| Actual or Estimated Date of Incorporation or Organization: | 1 2 0 4 ☑Actual ☐Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State | 2; |
| CN for Canada, FN for other foreign jurisdiction) | □ FN |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulatio | n 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 offer Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if was mailed by United States registered or certified mail to that address. | received at that address after the date on which it is due, on the date it |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 | 49 |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copy or bear typed or printed signatures. | nally signed. Any copies not manually signed must be photocopies of |
| Information Required: A new filing must contain all information requested. Amendments need only information requested in Part C, and any material changes from the information previously supplied in SEC. | report the name of the issuer and offering, any changes thereto, the Parts A and B. Part E and the Appendix need not be filed with the |
| 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 have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Admir | r sales of securities in those states that have adopted ULOE and that nistrator in each state where sales are to be, or have been made. If a |

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.

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.

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 Managing Member |
|---|--------------------|------------------------------|---------------------|------------|---|
| Full Name (Last name first, | if individual) | | | | Wallaging Wellioci |
| McDonnell, John W. Business or Residence Addr | ess (Number and St | reet, City, State, Zip Code) | | | |
| One Palmer Square, S | Suite 530 Princ | reton NI 08542 | | | |
| Check Box(es) that Apply: | | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Keck, Robert T. | | | | | |
| Business or Residence Addr | ess (Number and St | reet, City, State, Zip Code) | | | |
| One Palmer Square, S | Suite 530, Princ | ceton, NJ 08542 | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | □Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Latella, Laura M. | | | | | |
| Business or Residence Addr | ess (Number and St | reet, City, State, Zip Code) | | | |
| One Palmer Square, S | Suite 530, Princ | ceton, NJ 08542 | | | |
| 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. I | NFO | RMA | OIT | N AI | SOUT OFFE | RING | | | | |
|--|--------------------|-----------|-----------------------|------------------|-----------|------------------------|--------------------|-----------|---------|----------|-----------|-----------------------------|--|---------------------------------------|-----------------|---|-----|
| 1. Has | the issi | ıer sold | or does | the issu | er intend | | | | | | | ffering? ing under ULOE. | | | Yes | No ☑ | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | \$ <u>1,000,000.00</u> | | | | | | | | | | | |
| 1 D | | . | ., . | | | | 1. 20 | | | | | | | | Yes ☑ | No | |
| 3. Do | s the of | tering p | ermit jo | oint own | ership o | t a sing | le unit? | | | | | | | | ĭ Z I | | |
| p ai | urchase nd/or w | rs in coi | nnection te or sta | ı with sa | ales of s | ecuritie e of the | s in the broker | offerin | g. If a | person i | to be lis | ted is an associated | ctly, any commission d person or agent of a d are associated perso | broker or o | dealer register | red with the S | SEC |
| <u>N/A</u> Full N | ame (L | ast nam | e first, i | f individ | lual) | | | | | | | | | ····· | | | — |
| Busin | ess or R | esidenc | e Addre | ss (Num | nber and | Street, | City, St | ate, Zip | Code) | | | | | | <u></u> | | |
| Name | of Asso | ociated l | Broker (| or Deale | r | | | | | | | | | | | | |
| | | | | d Has So | | | | | | | | | | | | | — |
| (Chec [AL] | | | | individu [CA] | | | | | | | [HI] | | All States | | | | |
| [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] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | | | | | |
| Full N | lame (L | ast nam | e first, i | findivid | lual) | | | | | | | | | | | | |
| Busin | ess or R | esidenc | e Addre | ess (Num | iber and | Street, | City, St | tate, Zip | Code) | | | | | | | · • · · · · · · · · · · · · · · · · · · | _ |
| Name | of Asso | ociated 1 | Broker | or Deale | r | | | | - | | | | | | | | |
| | | | | d Has So | | | | | | | | | | | | | |
| [AL] | | [AZ] | | | | | [DE] | | | | | [ID] | All States | i | | | |
| [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 N | lame (L | ast nam | e first, i | f individ | iual) | | | | | | | <u></u> | | | | | |
| Busin | ess or R | esidenc | e Addre | ess (Nun | nber and | Street, | City, S | tate, Zij | code) | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Name | of Ass | ociated | Broker | or Deale | r | | | | | | | | | r | | | |
| | | | | d Has Se | | | | | | _ | | | —— □ All State: | | | - · · · · · · · · · · · · · · · · · · · | |
| | | | | [CA] | | | | | | | | | LI All State | , | | | |
| [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] | | | | | |

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

| Enter the aggregate offering price of securities included in this offering and already sold. Enter "0" if answer is "none" or "zero". If the transaction is ing, check this box and indicate in the column below the amounts of the fered for exchange and already exchanged. | an exchange offer- | |
|---|---|--|
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | \$ | \$ |
| Equity | | |
| • • | <u> </u> | \$ <u>55,212,000</u> |
| ☑ Common ☐ Preferred | | |
| Convertible Securities (including warrants) | | \$ |
| Partnership Interests | · | \$ |
| Other (Specify) | | \$ |
| Total | \$1,000,000,000.00 | <u>*</u> \$53,212,000 |
| Answer also in Appendix, Column 3, if filing under | ULOE | |
| *The amount indicated is an estimate. There is no m | aximum amount to be invested. | |
| 2. Enter the number of accredited and non-accredited investors who have purt this offering and the aggregate dollar amounts of their purchases. For offe 504, indicate the number of persons who have purchased securities and the amount of their purchases on the total lines. Enter "0" if answer is "none" | erings under Rule ne aggregate dollar | |
| | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 2 | \$53,212,000 |
| Non-accredited Investors | | \$ |
| Total (for filings under Rule 504 only) | | \$ |
| 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 securities sold by the issuer, to date, in offerings of the types indicated, ir months prior to the first sale of securities in this offering. Classify securit in Part C-Question 1. | the twelve (12) | |
| Type of offering | Type of | Dollar Amount |
| ,, | Security | Sold |
| Rule 505 | | . \$ |
| Regulation A | | \$ |
| Rule 504 | | \$ |
| Total | | \$ |
| 4. a. Furnish a statement of all expenses in connection with the issuance and of securities in this offering. Exclude amounts relating solely to organizat issuer. The information may be given as subject to future contingencies expenditure is not known, furnish an estimate and check the box to the | ion expenses of the s. If the amount of an | |
| Transfer Agent's Fees | | \$ |
| Printing and Engraving Costs | | \$ |
| Legal Fees | | \$ |
| Accounting Fees | | \$ |
| Engineering Fees | | \$ |
| Sales Commissions (Specify finder's fees separately) | | |
| * | | \$ |
| Other Expenses (identify) | | \$ |
| Total | | \$N/A |

| C OFFEDING DDICE NUMBER OF INVESTORS EX | ZDENICEC AND III | SE OF PROCEEDS | |
|---|----------------------------|-------------------------------------|---|
| C. OFFERING PRICE, NUMBER OF INVESTORS, EX | APENSES AND U | SE OF PROCEEDS | |
| b. Finter 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." | | \$ <u>1,000,000,000.00</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. | | | |
| | Payments to Officers, | | |
| | Directors, & Affiliates | Payments To Others | |
| Salaries and fees | □ s | □ s | |
| Purchase of real estate | □ s | □ s | |
| Purchase, rental or leasing and installation of machinery and equipment | □ \$ | □ s | |
| 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 | 5 . | | |
| pursuant to a merger | □ s | □ s | |
| Repayment of indebtedness | □ \$ | □ \$ | |
| Working capital | □ \$ | ☑ \$ <u>1,000,000,000.00</u> | |
| Other (specify) | □ s | □ \$ | |
| | □ \$ | □ s | |
| Column Totals | □ s | 1 ,000,000,000.00 | |
| Total Payments Listed (column totals added) | I \$ | 1,000,000,000.00 | |
| D. FEDERAL SIGNAT | URE | | |
| | | | _ |

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 . |
|---------------------------------------|---------------------------------------|-------------|
| | D. M. S. L. 11 | 1 1 2 2 2 2 |
| Rembrandt Partners Master Fund Ltd. | Kaura M. Natella | Warl 3 2009 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | 1 |
| , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , | |
| Laura M. Latella | Director | |
| Laura IVI. Laucila | | |

ATTENTION

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

