FORM D



ECURITIES AND EXCHANGE Washington, D.C. 20

Es OCI - S 2000

OF SOMMISSION

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL

OMB NUMBER:

3235-0076

Expires:

November 30, 2001

Estimated average burden

hours per response.....16.00

	SEC USE	EONLY	
Prefix		Serial	
	DATE RE	CEIVED	
1	1		

CINIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)	
Series A Convertible Preferred Stock	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ■ Rule 506 □ Sec Type of Filing: ■ New Filing □ Amendment	is an amendment and name has changed, and indicate change.)  Stock  Apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  A A BASIC IDENTIFICATION DATA  If about the issuer  an amendment and name has changed, and indicate change.)  (Number and Street, City, State, Zip Code)  A 02138  Changed, and indicate change.)  Telephone Number (Including Area Code)  A 02138  Changed, and indicate change.)  Telephone Number (Including Area Code)  PROCESSED BY
A. BASIC IDENTIFICATION D	ATA
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Supply Change, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
49 Saville Street, Cambridge, MA 02138	617-262-9429
different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business:	0 3000
computer software and services	PROCESSED BY
Type of Business Organization	N i i i i i i i i i i i i i i i i i i i
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed	other (please specify): () OCT 2 0 2000
Month Year  Actual or Estimated Date of Incorporation or Organization 08 00 ■ Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	

## 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 USC 77d(6).

CN for Canada; FN for other foreign jurisdiction)

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.

When 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 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 a 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.

		A. BASIC IDENT	IFICATION DATA			
Enter the information requested for t     Each promoter of the issuer, if     Each beneficial owner having t     Each executive officer and dire     Each general and managing par	the issuer has be he power to vote ctor of corporate	or dispose, or direct the issuers and of corporate	vote or disposition of, 10			of the issuer;
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or N	Managing Partner
Full Name (Last name first, if individual)						
Ruark, Marcus						·
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)			y dec
c/o SupplyChange, Inc., 49 Saville Stree	t. Cambridge, N	AA 02138				
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or N	Managing Partner
Full Name (Last name first, if individual)						
Ruark, John						
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)			
c/o SupplyChange, Inc., 49 Saville Stree	t Combridge N	AA 02128				
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or N	Aanaging Partner
Full Name (Last name first, if individual)	D 1 Tolliotei	Beneficial Owner	- Excedit e Officer	- Director	D General and of it	Tarraging Cartilet
,						
Willems, Sean Business or Residence Address	(N. 10)		1-2			
Business of Residence Address	(Number and S	treet, City, State, Zip Coo	ie)			
c/o SupplyChange, Inc., 49 Saville Stree	t, Cambridge, N	/IA 02138				
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or N	Managing Partner
Full Name (Last name first, if individual)	4			1	,	
Battery Ventures VI, L.P.	:					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	ie)	,		
Business or Residence Address	*	treet, City, State, Zip Coo	de)		;	\$ - 1 E. Art
Business or Residence Address  20 William Street, Wellesley, MA 0248	*	treet, City, State, Zip Coo	ie)  □ Executive Officer	□ Director	☐ General and/or M	
Business or Residence Address  20 William Street, Wellesley, MA 0248	1 As			□ Director	☐ General and/or N	
Business or Residence Address  20 William Street, Wellesley, MA 02481 Check Box(es) that Apply: Full Name (Last name first, if individual)	I ∰			□ Director	☐ General and/or M	
Business or Residence Address  20 William Street, Wellesley, MA 02481 Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or M	
Business or Residence Address  20 William Street, Wellesley, MA 0248; Check Box(es) that Apply: Full Name (Last name first, if individual)  Business or Residence Address	Promoter		☐ Executive Officer	□ Director	☐ General and/or N	
Business or Residence Address  20 William Street, Wellesley, MA 0248; Check Box(es) that Apply: Full Name (Last name first, if individual)  Business or Residence Address	Number and S	☐ Beneficial Owner  Street, City, State, Zip Co	□ Executive Officer			Managing Partner
Business or Residence Address  20 William Street, Wellesley, MA 0248  Check Box(es) that Apply:  Full Name (Last name first, if individual)  Business or Residence Address  Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or M	Managing Partner
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING		···
		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	0	•
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?	\$	/-
۷.	what is the minimum investment that will be accepted from any individual:	Yes	n/a No
3.	Does the offering permit joint ownership of a single unit?	103	
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 Non	Name (Last name first, if individual)		
	iness or Residence Address (Number and Street, City, State, Zip Code)		<del></del>
Nam	ne of Associated Broker or Dealer		···
<u> </u>		<u>-</u>	<u> </u>
State	es 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] [IL] _[IN] _[IA] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] [MT] _[NE] _[NV] _[NH] _[NJ] _[NM] _[NY] _[NC] _[ND] _[OH] _[OK] [RI] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WI]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _:[MO] _ [PA] _ [PR]
Full	name (Last name first, if individual)		
			**
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)	å	· · · · · · · · · · · · · · · · · · ·
Nam	ne of Associated Broker or Dealer		
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All States	
_ [1	AL] _ (AK) _ (AZ) _ (AR) _ [CA] _ [CO] _ [CT] _ [DE] _ [DC] _ [FL] _ [GA] [IL] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ (ME] _ [MD] _ [MA] _ [MI] _ [MN] [MT] _ (NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK] [RI] _ (SC] _ [SD] _ [TN] _ [TX] _ [UT] _ [VT] _ [VA] _ [WA] _ [WV] _ [WI]	_ [HI] _ [MS] [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]
Full	Name (Last name first, if individual)		
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)		
Nam	ne of Associated Broker or Dealer		
State	es 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] [IL] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] [MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK] [RI] _ [SC] _ [SD] _ [TN] _ [TX] _ [TX] _ [VT] _ [VA] _ [WA] _ [WV] _ [WI]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [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

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 pand indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	\$
-	Equity	\$ <u>_7.082,030</u>	\$ <u>7,082,030</u>
	□ Common ■ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	s
	Total	\$ <u>7,082,030</u>	\$ <u>7,082,030</u>
	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."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ <u>7,082,030</u>
٠,	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE	4.	<u> </u>
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 Security	Dollar Amount Sold
	Type of offering	2202,	
	Rule 305	<del></del>	, S
	Regulation A	·	\$
	Rule 504		\$
	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 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	<b>-</b>	\$
	Printing and Engraving Costs	۵	\$
	Legal Fees	•	\$ <u>65,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		•
		ם	3
	Total	•	\$ <u>65.000</u>

<b></b>	FFERING FRICE, NO		, eafenses ai	AD USE OF PROCEEDS		_
b. Enter the difference between th 1 and total expenses furnished in r "adjusted gross proceeds to the iss	esponse to Part C - Que	estion 4.a. This difference	is the		\$	5 <u>7,017,030</u>
<ol> <li>Indicate below the amount of the a for each of the purposes shown. It and check the box to the left of the adjusted gross proceeds to the issu</li> </ol>	the amount for any pur estimate. The total of t	rpose is not known, furnish the payments listed must ea	an estimate qual the			
				Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees				\$	Ω	\$
Purchase of real estate	······································			\$		· \$
Purchase, rental or leasing and ins	allation of machinery ar	nd equipment		\$		\$
Construction or leasing of plant by	ildings and facilities	•••••		\$	۵	\$
Acquisition of other business (incl that may be used in exchange for t merger)	he assets or securities of	f another issuer pursuant to	o a	\$	_	¢
Repayment of indebtedness	•			\$		s
Working capital				\$	_	. \$ 7,017,030
Other (specify):			. —	` •	<b>K</b> :	. 9 <u>7,017,050</u>
				<b>3</b>		J
				\$	_	¢
Column Totals		A Company		5	0	\$ 7,017,030
		•	_	5	•	
Total Payments Listed (column to	ais added)	•••••••••••••••••••••••••••••••••••••••			\$ <u>7,082,0</u>	) <u>30.08</u> 
		D. FEDERAL SIGN	NATURE	·		
The issuer has duly caused this notice to in undertaking by the issuer to furnish to non-accredited investor pursuant to para	the U.S. Securities and	d Exchange Commission, u	son. If this notice	is filed under Rule 505, the st of its staff, the information	e following s on furnished	ignature constitute by the issuer to an
ssuer (Print or Type)	Signate	Ture 4	1	Date		
SupplyChange, Inc.	2	In the		September 77, 2000	l 	
Name of Signer (Print or Type)	Title of	of Signer (Print or Type)				

ATTENTION

President

Marcus Ruark

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