

Edgar Filing: METASOURCE GROUP INC - Form 3

METASOURCE GROUP INC
Form 3
July 22, 2002

OMB APPROVAL

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*

Courtney Smith

(Last) (First) (Middle)

40 Exchange Place, Suite 1607

(Street)

New York NY 10005

(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

July 12, 2002

3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

4. Issuer Name AND Ticker or Trading Symbol

MetaSource Group, Inc. (MSGR)

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

 Director 10% Owner
 Officer (give title below) Other (specify below)

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IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

(Over)
SEC 1473 (3-99)

FORM 3 (continued)

TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED
(e.g., puts, calls, warrants, options, convertible securities)

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Table with 5 columns: 1. Title of Derivative Security (Instr. 4), 2. Date Exercisable and Expiration Date (Month/Day/Year), 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4), 4. Conversion or Exercise Price of Derivative Security. Includes sub-headers: Date Exercisable, Expiration Date, Title, Amount or Number of Shares.

Table body with multiple rows of dashed lines for data entry.

Explanation of Responses:

/s/ Courtney Smith

July 22, 2002

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**Signature of Reporting Person

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed.
If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to 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.

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