

Edgar Filing: ATLAS MINERALS INC - Form 3

ATLAS MINERALS INC
 Form 3
 August 28, 2002

F O R M 3

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

INITIAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 1940

1. Name and Address of Reporting Person* Pension Benefit Guaranty Corporation (Last) (First) (MI) 1200 K Street, N.W., Suite 870 (Street) Washington DC 20005 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) April 5, 2000 March 26, 2001	4. Issuer Name and Ticker or Trade Symbol Atlas Minerals, Inc. (ATMR)	5. Relationship of Reporting Person to Issuer (Check all Applicable) Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>
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TABLE I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership
Common Stock	822,841	D	

Reminder: Report on a separate line for each class securities owned directly or indirectly.
 *If the form is filed by more than one reporting person, see Instruction 5(b) (v).

FORM 3 (continued)

TABLE II - Derivative Securities Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1.Title of Derivative Security (Instr. 4)	2.Date Exercisable and Expiration Date (Month/Day/Year)		3.Title and Amount of Underlying Derivative Security (Instr. 4)		4.Conve Exerc of De Secur
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Explanation of Responses:

Pension Benefit Gua
By: Pacholder Assoc

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

By: /s/ David 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.

**Signature of
David A. Gr
President a
for Pachold
Agent for P
Corporation

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number.