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MILLER ROBERT
Form 3
September 14, 2001

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 19
Section 17(a) of the Public Utility Holding Company Act of 1935 o
Section 30(f) of the Investment Company Act 1940

1. Name and Address of Reporting Person*	2. Date of Event Requiring Statement (Month/Day/Year)	4. Issuer Name and Ticker or Tra Atlas Minerals, Inc. (ATMR)
Miller Robert (Last) (First) (MI)	09/7/01	
520 Lake Cook Road, Suite 380 (Street)	3. IRS Identification Number of Reporting Person, if an entity (voluntary)	5. Relationship of Reporting Per Issuer (Check all Applicable)
Deerfield IL 60015 (City) (State) (Zip)		X Director 10% Own --- --- Officer (give title below) Other (speci below)

TABLE I - Non-Derivative Securities Beneficially O

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 Owners
No securities owned			

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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. Conversion or Exercise Price of Derivative Security
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	9/7/01	9/6/11	Common Stock	100,000 (1)	\$

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Explanation of Responses:

(1) The stock options are fully vested.

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

/s/ Robert Miller

**Signature of

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

Robert Miller

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.