

COVER SHEET

P W 0 0 0 0 1 1 5 A

Sec. Registration Number

A t l a s C o n s o l i d a t e d M i n i n g a n d
 D e v e l o p m e n t C o r p o r a t i o n

(Company's Full Name)

5 F F i v e E - C o m C e n t e r P a l m C o a s t
 A v e . c o r . P a c i f i c D r i v e M a l l o f
 A s i a C o m p l e x I 3 3 0 P a s a y C i t y

Business Address: No. Street City / Town / Provinces

Maria Eleonor A. Santiago

Contact Person

(632)4030813

Company Telephone Number

1 2 3 1

Month Day
Fiscal Year

23-B

FORM TYPE

last Wednesday of April

Month Day
Annual Meeting

N / A

Secondary License Type, If Applicable

Dept. Requiring this Doc.

Amended Articles Number/Section

Total No. Stockholders

Total Amount of Borrowings

Domestic

Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document I.D.

Cashier

STAMPS

Remarks = pls. use black ink for scanning purposes

