

**FEDERATED STATES OF MICRONESIA**  
**DEPARTMENT OF JUSTICE**  
**CORPORATE REGISTRATION DIVISION**  
P.O. Box PS-105  
Palikir, Pohnpei FSM 96941  
Phone: (691) 320-2608/5852 Fax (691) 320-2234

**MAJOR CORPORATION ANNUAL REPORT**  
(due sixty days after fiscal year-end)

1. Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Contact Person (whether in FSM or elsewhere): \_\_\_\_\_  
Position: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_
4. Did you file an **“Annual Report”** for last year? Yes ( ) No ( )  
If **“No”**, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name and addresses of your Banks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Date of Incorporation (date Articles and Bylaws stamped): \_\_\_\_\_
7. Names and Addresses of all Directors:
  - a.) \_\_\_\_\_
  - b.) \_\_\_\_\_
  - c.) \_\_\_\_\_
  - d.) \_\_\_\_\_
  - e.) \_\_\_\_\_
  - f.) \_\_\_\_\_
  - g.) \_\_\_\_\_
  - h.) \_\_\_\_\_
  - i.) \_\_\_\_\_
  - j.) \_\_\_\_\_

8. Officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

9. Capitalization:

a.) Authorized number of shares: \_\_\_\_\_

b.) Issued number of shares: \_\_\_\_\_

10. List of Names, Addresses & Number of Shares for each Shareholder (attach list if needed):

	<u>Name and Address</u>	<u>Number of Shares</u>
1)	_____	_____
	_____	
2)	_____	_____
	_____	
3)	_____	_____
	_____	
4)	_____	_____
	_____	
5)	_____	_____
	_____	

Total issued and outstanding shares: \_\_\_\_\_

I CERTIFY THAT ALL OF THE ANSWERS MADE IN THIS STATEMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_

By (print name): \_\_\_\_\_

Title or Office held: \_\_\_\_\_

Date: \_\_\_\_\_