

**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)

Reporting Period – Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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: \_\_\_\_\_