

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 by June 30th)

1. Name of Business: _____

Address: _____

Telephone No: _____ Fax: _____

2. Local Registered Agent for Service of Process:

Name: _____

Physical Address: _____

Mailing Address: _____

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.) _____

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: _____