

**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: \_\_\_\_\_