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):

	Name and Address	Number of Shares
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: _____