

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: _____