

**DEPARTMENT OF JUSTICE
FEDERATED STATES OF MICRONESIA
P.O. Box PS- 105
Palikir, Pohnpei FSM 96941
Phone: (691) 320-8089 Fax (691) 320-3243**

CORPORATION ANNUAL REPORT

SECTION A – GENERAL

1. Name of Business: _____

Address: _____

Telephone No: _____ Fax: _____

2. Contact Person: _____

Position: _____

3. State in which the Business is conducted:

	STATE	LOCATION
CHUUK	()	_____
KOSRAE	()	_____
POHNPEI	()	_____
YAP	()	_____

4. Type of Business: _____

Products Manufactured/ Services Provided: _____

5. Did you file a **“Report”** for last year? Yes () No ()

If **“No”**, explain why: _____

6. Name of your Banks: _____

7. Members in the Chamber of Commerce: Yes () No ()

If "Yes" state address: _____

SECTION B – FOR ALL CORPORATIONS

1. For all Corporations:

- a.) Partnership: ()
- b.) Foreign Corporation: (100% Foreign) ()
- c.) Joint Venture (FSM & Foreign) ()
- d.) FSM Corporation (100% FSM) ()
- e.) Non-Profit Corporation ()

2. Date of Incorporation: _____

3. Names and Addressed of Partners/ Boards of Directors:

- a.) _____
- b.) _____
- c.) _____
- d.) _____
- e.) _____
- f.) _____
- g.) _____
- h.) _____
- i.) _____
- j.) _____

Principal Personnel:

- a.) _____
- b.) _____
- c.) _____

4. Capitalization:

a.) Authorized Capital: Foreign/Amount %: _____
Local/Amount %: _____
Total Amount %: _____

b) Paid Up Capital Foreign/Amount %: _____
Local/ Amount%: _____
Total Amount %: _____

c) Do you intend promoting unsold shares? Yes () No ()
If “Yes”, how? _____

d) List of Names and Amounts of Shareholding: (attach list)

	<u>Name</u>	<u>Amount</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

e) State any Dividend Payments during the last years:

<u>Year</u>	<u>Rate</u>	<u>Amount Paid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f) List any Equity Investment during the year: Amount: _____
Place/Project: _____

g) State total Assets for the Corporation as at the end of Reporting Period:

SECTION C – MANPOWER UTILIZATION (This should be filled by all enterprises).

1. Number of Employees:

	<u>Nos. of FSM</u>	<u>No of Foreigner</u>	<u>Total</u>
a) Executive/ Managerial	_____	_____	_____
b) Clerical/ Office	_____	_____	_____
c) Skilled	_____	_____	_____
d) Unskilled	_____	_____	_____
e) Other (Specify)	_____	_____	_____

2. Indicate the Highest/Lowest Wages paid:

	<u>FSM</u>	<u>Foreigner</u>
Highest Wage: _____ Rate/Hour:	()	()
Lowest Wage: _____ Rate/Hour:	()	()

3. Indicate the Manpower growth during the Reporting period:

Beginning of Year: _____
 End of Report Period: _____

4. Indicate any Training offered to the staff during the year: Please specify and attach separate sheet if necessary. _____

5. What training needs exist in your Corporation? _____

How do you plan to accomplish it _____

6. Category of Employees:

- a) Permanent Regular _____
- b) Temporary _____
- c) Piece rate _____
- d) Other _____
- e) Total _____

SECTION D – MARKETING (Sales) (For all Enterprises).

1. Total Sales during the Report Period:

No. of Units (Products/Services)	Total Value (\$)
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____

2. Last Year Sales:

No. of Units (Products/Services)	Total Value (\$)
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____

(add additional sheets if needed)

3. indicate the Value of Imported/Local Sales:

Value

Imported: _____

Local: _____

4. What Steps have been taken to increase local sales or substitute imports?
5. External Trade:

- a) indicate Principal Export Items:_____
- b) Total Export Value of Reporting Period:_____
- c) Exported to:_____

SECTION E – FINANCIAL STATEMENT (For all Enterprises).

Please provide the following:

1. Financial Statement (including Balance Sheet and income Statement for the reporting period).

2. Provide Audited Statements and Reports where Applicable.

3. Total Working Capital during the Year.

4. Annual Taxes paid

5. Indicate any long-term borrowing.

SECTION F – PROBLEM ASSESSMENT

1. Indicate any Constraints, Problem, etc., that affected your business enterprise during the reporting period:
2. What other prospects exists to diversify your business:
3. What is your future business plan:
4. Other comments or suggestions

WE HEREBY CERTIFY THE FACT THAT NONE OF THE PARTNERS IS A MINOR OR AN INCOMPETENT PERSON.

WE FURTHER CERTIFY THAT ALL OF THE ANSWERS MADE IN THIS STATEMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

By: _____
Date: _____

By: _____
Date: _____

By: _____
Date: _____

By: _____
Date: _____

THIS STATEMENT MUST BE SIGNED BY ALL PARTNERS AND ACKNOWLEDGE BEFORE A NOTARY PUBLIC, CLERK OF COURTS OR OTHER PERSON AUTHORIZED TO TAKE ACKNOWLEDGEMENT.

ACKNOWLEDGEMENT

Personally appeared before me the above name _____,
_____, _____,
persons who executed the foregoing instrument and acknowledged to me that they executed the same as their free act and deed.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature

Notary Public in and for

My commission expires on the _____ day of _____, 20_____.