

**DEPARTMENT OF JUSTICE
FEDERATED STATES OF MICRONESIA
FSM REGISTRAR OF CORPORATIONS
P.O. Box PS- 105
Palikir, Pohnpei FSM 96941
Phone: (691) 320-8089 320-4589
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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: _____

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: _____