## 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004699

Entity Name: 50CAN, INC.

**Current Principal Place of Business:** 

1625 K STREET NW, STE 400 WASHINGTON, DC 20006

**Current Mailing Address:** 

1625 K STREET NW, STE 400 WASHINGTON, DC 20006 US

FEI Number: 27-3069592 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 06, 2017

**Secretary of State** 

CC6776181116

Officer/Director Detail:

Title TREASURER Title DIRECTOR

Name MAGEE, MARC Name VARGAS, SANDY

Address 1625 K STREET NW, STE 400 Address 535 TURNERS CROSS RD

City-State-Zip: WASHINGTON DC 20006 City-State-Zip: NORTH GOLDEN VALLEY MN 55422

TitleDIRECTORTitleDIRECTORNameSACKLER, JONATHANNameTOLL, DACIAAddress201 TRESSER BLVDAddress403 JAMES ST

City-State-Zip: STAMFORD CT 06901 City-State-Zip: NEW HAVEN CT 06513

TitleDIRECTORTitleDIRECTORNameBOROWIEC, ANNNameWICK, DAVID

Address 144 ROTARY DR Address 600 NEW HAMPSHIRE AVE, NW, 5TH

**FLOOR** 

City-State-Zip: SUMMIT NJ 07901 City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR Title DIRECTOR

Name MARTIN, ROLAND Name PHILLIPS, MICHAEL

Address 19275 MILL SITE PL Address 511 TIMBER SPRINGS CT

City-State-Zip: LEESBURG VA 20176 City-State-Zip: REISTERSTOWN MD 21136

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /CHRIS TESSONE/ SECRETARY AND CFO 04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title PRESIDENT

Name VARRO, VALLAY

Address 1625 K STREET NW, STE 400

City-State-Zip: WASHINGTON DC 20006

Title CFO AND SECRETARY

Name TESSONE, CHRIS

Address 1625 K STREET NW, STE 400

City-State-Zip: WASHINGTON DC 20006

Title CEO

Name MAGEE, MARC

Address 1625 K STREET NW, STE 400

City-State-Zip: WASHINGTON DC 20006