

**2019 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**Officer/Director Detail :**

Title	TREASURER
Name	MAGEE, MARC
Address	1625 K STREET NW, STE 400
City-State-Zip:	WASHINGTON DC 20006

Title	DIRECTOR
Name	VARGAS, SANDY
Address	535 TURNERS CROSS RD
City-State-Zip:	NORTH GOLDEN VALLEY MN 55422

Title	DIRECTOR
Name	SACKLER, JONATHAN
Address	201 TRESSER BLVD
City-State-Zip:	STAMFORD CT 06901

Title	DIRECTOR
Name	TOLL, DACIA
Address	403 JAMES ST
City-State-Zip:	NEW HAVEN CT 06513

Title	DIRECTOR
Name	BOROWIEC, ANN
Address	144 ROTARY DR
City-State-Zip:	SUMMIT NJ 07901

Title	DIRECTOR
Name	WICK, DAVID
Address	600 NEW HAMPSHIRE AVE, NW, 5TH FLOOR
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	MARTIN, ROLAND
Address	19275 MILL SITE PL
City-State-Zip:	LEESBURG VA 20176

Title	DIRECTOR
Name	PHILLIPS, MICHAEL
Address	511 TIMBER SPRINGS CT
City-State-Zip:	REISTERSTOWN MD 21136

**Continues on page 2**

*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****04/28/2019**\_\_\_\_\_  
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