

**2021 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           BOROWIEC, ANN  
Address       144 ROTARY DR  
City-State-Zip: SUMMIT NJ 07901

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

Title           SECRETARY  
Name           BRADFORD, DERRELL  
Address       1625 K STREET NW, STE 400  
City-State-Zip: WASHINGTON DC 20006

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

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

Title           PRESIDENT  
Name           VARRO, VALLAY  
Address       1625 K STREET NW, STE 400  
City-State-Zip: WASHINGTON DC 20006

Title           DIRECTOR  
Name           JAVERI, DEEPA  
Address       1625 K STREET NW, STE 400  
City-State-Zip: WASHINGTON DC 20006

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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: MARC MAGEE****TREASURER****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SCHWEDEL, ANDREW
Address	1625 K STREET NW, STE 400
City-State-Zip:	WASHINGTON DC 20006