

2022 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 BRADFORD, DERRELL
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****05/01/2022**

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

Title DIRECTOR
Name HALEY, KATHERINE
Address 1625 K STREET NW
SUITE 400
City-State-Zip: WASHINGTON DC 20006

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

Title DIRECTOR
Name BROWN, CAMPBELL
Address 1625 K STREET NW
SUITE 400
City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR
Name KEEGAN, LISA GRAHAM
Address 1625 K STREET NW
STE 400
City-State-Zip: WASHINGTON DC 20006