

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004699

**Entity Name:** 50CAN, INC.**Current Principal Place of Business:**1380 MONROE ST. NW #413  
WASHINGTON, DC 20010**Current Mailing Address:**1380 MONROE ST. NW #413  
WASHINGTON, DC 20010 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       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           DIRECTOR  
Name           MARTIN, ROLAND  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           PRESIDENT  
Name           BRADFORD, DERRELL  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           DIRECTOR  
Name           JAVERI, DEEPA  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           DIRECTOR  
Name           BOROWIEC, ANN  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           DIRECTOR  
Name           PHILLIPS, MICHAEL  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           SECRETARY  
Name           BRADFORD, DERRELL  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

Title           DIRECTOR  
Name           SCHWEDEL, ANDREW  
Address       1380 MONROE ST. NW #413  
City-State-Zip: WASHINGTON DC 20010

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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****CEO & FOUNDER****03/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BROWN, CAMPBELL  
Address 1380 MONROE ST. NW #413  
SUITE 400  
City-State-Zip: WASHINGTON DC 20010

Title DIRECTOR  
Name KEEGAN, LISA GRAHAM  
Address 1380 MONROE ST. NW #413  
STE 400  
City-State-Zip: WASHINGTON DC 20010

Title DIRECTOR  
Name HALEY, KATHERINE  
Address 1380 MONROE ST. NW #413  
SUITE 400  
City-State-Zip: WASHINGTON DC 20010