

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001056

FILED
Jan 04, 2007
Secretary of State

Entity Name: PANCREATIC CANCER ACTION NETWORK, INC.

Current Principal Place of Business:

2141 ROSECRANS AVE SUITE 7000
EL SEGUNDO, CA 90245

New Principal Place of Business:

Current Mailing Address:

2141 ROSECRANS AVE SUITE 7000
EL SEGUNDO, CA 90245

New Mailing Address:

FEI Number: 33-0841281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCUS, IRVING
10788 MAPLE CHASE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ENNIS, TIM
Address: 6662 BOCA DEL MAR DR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: DACHIS, TONI
Address: 4000 W. 25TH ST.
City-St-Zip: MINNEAPOLIS, MN 55416

Title: D () Delete
Name: LISCHIN, MALISSA BLAKE
Address: 174 CARROLL STREET 1C
City-St-Zip: NEW YORK, NY 11231

Title: P () Delete
Name: FLESHMAN, JULIE
Address: 2221 ROSECRANE AVE.
City-St-Zip: EL SEGUNDO, CA 90245

Title: S () Delete
Name: DAVIS, STEPHANIE R
Address: 5416 CHANDLER DR.
City-St-Zip: SHERMAN OAKS, CA 91401

Title: DV () Delete
Name: KAHN, JASON
Address: 16404 MILON DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE FLESHMAN

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date