

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001056

Entity Name: PANCREATIC CANCER ACTION NETWORK, INC.**Current Principal Place of Business:**1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266**Current Mailing Address:**1500 ROSECRANS AVENUE
SUITE 200
MANHATTAN BEACH, CA 90266 US**FEI Number:** 33-0841281**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS STE 400
FORT MYERSE, FL 33907 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	SECRETARY
Name	RICKERSON, STUART E
Address	P.O. BOX 510
City-State-Zip:	RANCHO SANTA FE CA 92067

Title	CHAIRMAN
Name	LAURIE MACCASKILL
Address	10727 WILSHIRE BOULEVARD 802
City-State-Zip:	LOS ANGELES CA 90024

Title	DIRECTOR
Name	TERRENCE MECK
Address	1201 BROADWAY SUITE 504
City-State-Zip:	NEW YORK NY 10001

Title	CFO
Name	WINSTON, ABIGAIL
Address	1500 ROSECRANS AVENUE SUITE 200
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	P
Name	FLESHMAN, JULIE
Address	1500 ROSECRANS AVENUE, SUITE 200
City-State-Zip:	MANHATTAN BEACH CA 90266

Title	DIRECTOR
Name	HILARIE KOPLOW-MCADAMS
Address	83 DE BELL DRIVE
City-State-Zip:	ATHERTON CA 94027

Title	DIRECTOR
Name	JEANNE RUESCH
Address	ONE PRIMROSE STREET
City-State-Zip:	CHEVY CHASE MD 20815

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: JULIE FLESHMAN**PRESIDENT & CEO****02/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date