

**2013 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**FEI Number:** 33-0841281**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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	T
Name	RICKERSON, STUART E
Address	P.O. BOX 510
City-State-Zip:	RANCHO SANTA FE CA 92067

Title	C
Name	KOVLER, PETER
Address	1250 24TH STREET, STE 300
City-State-Zip:	WASHINGTON DC 20037

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

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

Title	D
Name	HOLMBERG, STEVAN
Address	6 COLEBROOK COURT
City-State-Zip:	POTOMAC MD 20854

Title	D
Name	KUHN, JASON
Address	3900 W. KENNEDY BLVD.
City-State-Zip:	TAMPA FL 33609

*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****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date