## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000001056

FILED Jan 14, 2009 Secretary of State

Entity Name: PANCREATIC CANCER ACTION NETWORK, INC.

**Current Principal Place of Business:** New Principal Place of Business:

2141 ROSECRANS AVE SUITE 7000 2141 ROSECRANS AVE SUITE 7000

EL SEGUNDO, CA 90245 SUITE 7000

EL SEGUNDO, CA 90245

**Current Mailing Address: New Mailing Address:** 

2141 ROSECRANS AVE SUITE 7000 EL SEGUNDO, CA 90245

FEI Number: 33-0841281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR WESTON, FL 33331

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition ENNIS, TIM ENNIS, TIM Name: Name: 2762 ARUGULA DR. Address: 2762 ARUGULA DR. Address:

City-St-Zip: NORTH PORT, FL 34189 City-St-Zip: NORTH PORT, FL 34189

Title: Title: (X) Change ( ) Addition ( ) Delete DACHIS, TONI Name: KUHN, JASON Name:

Address: 4000 W. 25TH ST. Address: 16404 MILLAN DE AVILA City-St-Zip: MINNEAPOLIS, MN 55416 City-St-Zip: TAMPA, FL 33613

Title: () Delete Title: (X) Change ( ) Addition

LISCHIN, MALISSA BLAKE DAVIS, STEPHANIE R Name: Name: 174 CARROLL STREET 1C Address: Address: 5416 CHANDLER DR. City-St-Zip: NEW YORK, NY 11231 City-St-Zip: SHERMAN OAKS, CA 91401

Title: ( ) Delete Title: () Change () Addition

Name: FLESHMAN, JULIE Name: Address: 2221 ROSECRANE AVE. Address: City-St-Zip: EL SEGUNDO, CA 90245 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

DAVIS, STEPHANIE R HOLMBER, STEVAN Name: Name: 5416 CHANDLER DR. 6 COLEBROOK COURT Address: Address: City-St-Zip: SHERMAN OAKS, CA 91401 City-St-Zip: POTOMAC, MD 20854

Title: () Delete Title: (X) Change ( ) Addition STROUM, CYNTHIA KAHN JASON Name: Name:

Address: 16404 MILON DE AVILA Address: 1700 SEVENTH AVENUE, SUITE 2000

TAMPA, FL 33613 SEATTLE, WA 98101 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 **PRES** 01/14/2009