

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001056

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**0729861817CC**

**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:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, 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 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 TERRENCE MECK  
Address 1201 BROADWAY SUITE 504  
City-State-Zip: NEW YORK NY 10001

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

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

Title DIRECTOR  
Name CASHION, PETER  
Address 1500 ROSECRANS AVENUE SUITE 200  
City-State-Zip: MANHATTAN BEACH CA 90266

Title DIRECTOR  
Name GRISWOLD, SCOTT  
Address 1500 ROSECRANS AVENUE SUITE 200  
City-State-Zip: MANHATTAN BEACH CA 90266

Title DIRECTOR  
Name KENNER, BARBARA  
Address 1500 ROSECRANS AVENUE SUITE 200  
City-State-Zip: MANHATTAN BEACH CA 90266

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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:** JULIE FLESHMAN

**PRESIDENT**

**01/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RUESCH, JEANNE  
Address 1500 ROSECRANS AVENUE  
SUITE 200  
City-State-Zip: MANHATTAN BEACH CA 90266

Title DIRECTOR  
Name KUHN, JASON  
Address 1500 ROSECRANS AVENUE  
SUITE 200  
City-State-Zip: MANHATTAN BEACH CA 90266