

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004274

1. Entity Name
CAMPBELL & COMPANY TRADING ADVISORS, INC.



Principal Place of Business
**210 W. PENNSYLVANIA AVE.
SUITE 770
BALTIMORE, MD 21204**

Mailing Address
**210 W. PENNSYLVANIA AVE.
SUITE 770
BALTIMORE, MD 21204 US**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLINGSWORTH, WAYNE
3435 SW COUNTY ROAD 778
FT. WHITE, FL 32038**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *N/A - no change* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000428442
02/21/06-80047-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLELAND, BRUCE L
STREET ADDRESS	210 W. PENNSYLVANIA AVE., #770
CITY- ST- ZIP	BALTIMORE, MD 21204
TITLE	VTSD
NAME	BECKS, THERESA D
STREET ADDRESS	210 W. PENNSYLVANIA AVE., #770
CITY- ST- ZIP	BALTIMORE, MD 21204
TITLE	DC
NAME	CAMPBELL, D K
STREET ADDRESS	210 W. PENNSYLVANIA AVE., #770
CITY- ST- ZIP	BALTIMORE, MD 21204
TITLE	VD
NAME	LITTLE, JAMES A
STREET ADDRESS	210 W. PENNSYLVANIA AVE., #770
CITY- ST- ZIP	BALTIMORE, MD 21204
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J.S. Miller - Controller* 2/6/06 (410) 296-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #