2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# P99000035304

Entity Name: ROCK CREEK ADVISORS, INC.

Current Principal Place of Business:

501 RIVERSIDE AVE., SUITE 902
JACKSONVILLE, FL 32202

New Principal Place of Business:

9995 GATE PARKWAY NORTH, SUITE 330
JACKSONVILLE, FL 32246

Current Mailing Address:

501 RIVERSIDE AVE, SUITE 902
JACKSONVILLE, FL 32202

New Mailing Address:

9995 GATE PARKWAY NORTH, SUITE 330
JACKSONVILLE, FL 32246

FEI Number: 59-3581642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, ASHTON
501 RIVERSIDE AVE, SUITE 902
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CAHOON, ARTHUR L
Address: 501 RIVERSIDE AVE, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP
Name: HUDSON, MICHAEL A
Address: 501 RIVERSIDE AVE, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DAHL, JAMES H
Address: 501 RIVERSIDE AVE, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: DAHL, WILLIAM L
Address: 501 RIVERSIDE AVE, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32202

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL HUDSON VP 04/24/2012

Electronic Signature of Signing Officer or Director — Date