





Office of the Secretary of State STATEMENT OF INFORMATION

1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250013567 Date Filed: 1/2/2025

| Entity Dataile | | |
|--|-----------------------------------|--|
| Entity Details Corporation Name | Splitzack Martagae Advisore Inc | |
| Corporation Name | Splitrock Mortgage Advisors, Inc. | |
| Entity No. | 6503170 | |
| Formed In | CALIFORNIA | |
| Street Address of Principal Office of Corporation | | |
| Principal Address | 25 SAN ANSELMO AVE | |
| | SUITE B | |
| | SAN ANSELMO, CA 94960 | |
| Mailing Address of Corporation | | |
| Mailing Address | 25 SAN ANSELMO AVE | |
| | SUITE B | |
| | SAN ANSELMO, CA 94960 | |
| Attention | | |
| Street Address of California Office of Corporation | | |
| Street Address of California Office | 25 SAN ANSELMO AVE | |
| | SUITE B | |
| | SAN ANSELMO, CA 94960 | |
| O#i-aa-i-a | | |

Officers

| Officer Name | Officer Address | Position(s) |
|---------------------|--|---|
| + Christopher Davis | 25 SAN ANSELMO AVE SUITE B SAN ANSELMO, CA 94960 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

| Officer Name | Officer Address | Position | Stated Position |
|--------------|-----------------|----------|-----------------|
| None Entered | | | |

Directors

| Director Name | Director Address |
|---------------|--|
| | 25 SAN ANSELMO AVE SUITE B SAN ANSELMO, CA 94960 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name **Christopher Davis** Agent Address 25 SAN ANSELMO AVE SUITE B

SAN ANSELMO, CA 94960

Type of Business

Mortgage Broker Type of Business

Email Notifications

Yes, I opt-in to receive entity notifications via email. Opt-in Email Notifications

Labor Judgment

| No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code. | | | | |
|---|------------|--|--|--|
| Electronic Signature | | | | |
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| Ryan Neuman | 01/02/2025 | | | |
| Signature | Date | | | |
| | | | | |