


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000049914 (3)**

1. Corporation Name  
**BANK RATE MONITOR, INC.**



Principal Place of Business <b>777 S FLAGLER DR                  SUITE 200                  WEST PALM BEACH FL 33401</b>	Mailing Address <b>777 S FLAGLER DR                  SUITE 200                  WEST PALM BEACH FL 33401-6161</b>
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3. Date Incorporated or Qualified <b>07/13/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 241 Bradley Place</b> Suite, Apt. #, etc. <b>22 Palm Beach, FL</b> City & State <b>23 33480</b> Zip <b>24 33480</b> Zip <b>25 US</b> Country	2a. Mailing Address <b>26 241 Bradley Place</b> Suite, Apt. #, etc. <b>27 Palm Beach, FL</b> City & State <b>28 33480</b> Zip <b>29 US</b> Country <b>30 US</b> Country
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4. FEI Number <b>65-0423422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHAUNCEY, HARRISON K JR  
 777 S FLAGLER DR  
 SUITE 200  
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
**81 Name: Harrison K. Chauncey, Jr.**  
**82 Street Address (P.O. Box Number is Not Acceptable): 241 Bradley Place**  
**83**  
**84 City: Palm Beach FL 85 Zip Code: 33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAUNCEY, HARRISON K JR</b>		1.2 NAME	
STREET ADDRESS <b>777 S FLAGLER DR SUITE 200</b>		1.3 STREET ADDRESS <b>241 Bradley Place</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>Palm Beach, FL 33480</b>	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORSE, PETER C</b>		2.2 NAME	
STREET ADDRESS <b>200 FOUR FALLS CORPORATE CTR. STE 205</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST CONSHOHOCKEN PA</b>		2.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEADY, ROBERT K</b>		3.2 NAME	
STREET ADDRESS <b>11811 US HIGHWAY 1 SUITE 200</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLARK, MARGARET E</b>		4.2 NAME	
STREET ADDRESS <b>777 S. FLAGLER DRIVE, STE. 200</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RYAN, WILLIAM J</b>		5.2 NAME	
STREET ADDRESS <b>11811 U.S. HWY. ONE STE. 200</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>N. PALM BCH. FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUGO OTTOLENGHI</b>		6.2 NAME	
STREET ADDRESS <b>11811 US HIGHWAY 1, SUITE 200</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4/28/97 501. 833.3001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)