

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000049914 (3)
 1. Corporation Name
BANK RATE MONITOR, INC.



Principal Place of Business: **2421 BRADLEY PLACE, PALM BEACH FL 33480, US**

Mailing Address: **241 BRADLEY PLACE, PALM BEACH FL 33480, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

City & State: **22**

City & State: **27**

Zip: **23** Country: **25**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **07/13/1993**

4. FEI Number: **65-0423422** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CHAUNCEY, HARRISON K JR
241 BRADLEY PLACE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 filing this) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	CHAUNCEY, HARRISON K JR	
STREET ADDRESS	241 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MORSE, PETER C	
STREET ADDRESS	200 FOUR FALLS CORPORATE CTR. STE 205	
CITY-ST-ZIP	WEST CONSHOHOCKEN PA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, WILLIAM J	
STREET ADDRESS	11811 U.S. HWY. ONE STE. 200	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500002554285	
2.4 CITY-ST-ZIP	06/10/98 - 01022 - 021	
2.4 CITY-ST-ZIP	***150.00	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT H. LESSIN	
3.3 STREET ADDRESS	P.O. Box 088888	N/A
3.4 CITY-ST-ZIP	N Palm Beach, FL 33408	
4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM P. ANDERSON, III	
4.3 STREET ADDRESS	P.O. Box 088888	N/A
4.4 CITY-ST-ZIP	N Palm Beach, FL 33408	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SARA CAMPBELL TAYLOR	
5.3 STREET ADDRESS	P.O. Box 088888	N/A
5.4 CITY-ST-ZIP	N Palm Beach, FL 33408	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRUNS GRAYSON	
6.3 STREET ADDRESS	P.O. Box 088888, N Palm Beach, FL	N/A
6.4 CITY-ST-ZIP		

14. I 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 appropriate 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 in an attachment with an address.

SIGNATURE: _____ DATE: **4/24/98** **501-833-3001**

CR2E034 (10/97)