

DOCUMENT # P93000049914

1. Entity Name
BANKRATE, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90012 006 ***150.00

Principal Place of Business Mailing Address
11811 U.S. HIGHWAY ONE 11811 U.S. HIGHWAY ONE
SUITE 101 SUITE 101
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0423422** Applied For
Not Applicable
5. Certificate of Status Desired - - **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEFRANCO, ROBERT J
11811 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORSE, PETER C			NAME			
STREET ADDRESS	200 FOUR FALLS CORP CTR., STE 205			STREET ADDRESS			
CITY-ST-ZIP	WEST CONSHOHOCKEN PA 19428			CITY-ST-ZIP			
TITLE	SSRV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEFRANCO, ROBERT J			NAME			
STREET ADDRESS	11811 US HWY 1., STE 101			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUNNINGHAM, JEFFREY			NAME			
STREET ADDRESS	TWO CROW ISLAND			STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER-BY-THE-SEA MA 01944			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, WILLIAMS			NAME			
STREET ADDRESS	609 GREENWICK ST., STE 9B			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10014			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMARSE, ELISABETH			NAME			
STREET ADDRESS	11 EAST 44TH ST., STE 1200			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10017			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Robert J. DeFranco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. DEFRANCO

Date: **01-05-01** Daytime Phone #: **(561) 630-1230**

CR2E034 (10/00)