

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90049 037 \*\*\*150.00

**DOCUMENT # P93000049914**

1. Entity Name  
**BANKRATE, INC.**

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

Mailing Address  
**11811 U.S. HIGHWAY ONE  
 SUITE 101  
 NORTH PALM BEACH FL 33408  
 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

4. FEI Number **65-0423422**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEFRANCO, ROBERT J  
 11811 U.S. HIGHWAY ONE  
 SUITE 101  
 NORTH PALM BEACH FL 33408**

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

*Robert J. Defranco*

*1/7/02*

Signature, type or typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORSE, PETER C</b>	
STREET ADDRESS	<b>200 FOUR FALLS CORP CTR., STE 205</b>	
CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA 19428</b>	
TITLE	<b>SSRV</b>	<input type="checkbox"/> Delete
NAME	<b>DEFRANCO, ROBERT J</b>	
STREET ADDRESS	<b>11811 US HWY 1., STE 101</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, JEFFREY</b>	
STREET ADDRESS	<b>TWO CROW ISLAND</b>	
CITY-ST-ZIP	<b>MANCHESTER-BY-THE-SEA MA 01944</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, WILLIAMS</b>	
STREET ADDRESS	<b>609 GREENWICK ST., STE 9B</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10014</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMARSE, ELISABETH</b>	
STREET ADDRESS	<b>11 EAST 44TH ST., STE 1200</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'Block, Robert</b>	
STREET ADDRESS	<b>75 Park Plaza, 3rd Floor</b>	
CITY-ST-ZIP	<b>Boston, MA 02116-3939</b>	
TITLE	<b>SRV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cunningham, G. Cotter</b>	
STREET ADDRESS	<b>11811 US Highway One Suite 101</b>	
CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>	
TITLE	<b>SRV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wenhouse, Edward L.</b>	
STREET ADDRESS	<b>11 East 44th St Suite 1200</b>	
CITY-ST-ZIP	<b>New York, NY 10017</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martin, William</b>	
STREET ADDRESS	<b>152 Nassau Street Suite 1</b>	
CITY-ST-ZIP	<b>Princeton, NJ 08542</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Granson, Bruce H.</b>	
STREET ADDRESS	<b>1 South Street Suite 2150</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Poliner, Randall E.</b>	
STREET ADDRESS	<b>P.O. Box 410730</b>	
CITY-ST-ZIP	<b>Atlanta, GA 30341</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(3)(f), 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 empowered.

SIGNATURE:

*Robert J. Defranco*

*Robert J. Defranco* *201.630.1230*  
*1/7/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)