

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049914

FILED
Apr 26, 2004
Secretary of State

Entity Name: BANKRATE, INC.

Current Principal Place of Business:

11811 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

11811 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0423422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MORSE, PETER C
Address: 200 FOUR FALLS CORP CTR., STE 205
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: SSRV () Delete
Name: DEFRANCO, ROBERT J
Address: 11811 US HWY 1., STE 101
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: O'BLOCK, ROBERT
Address: 75 PARK PLAZA 3RD FLOOR
City-St-Zip: BOSTON, MA 021163934

Title: D () Delete
Name: MARTIN, WILLIAM
Address: 103 CLARIDGE CT., STE 10
City-St-Zip: PRINCETON, NJ 08540

Title: PD () Delete
Name: DEMARSE, ELISABETH
Address: 11 EAST 44TH ST., STE 1200
City-St-Zip: NEW YORK, NY 10017

Title: SRV () Delete
Name: CUNNINGHAM, G. COTTER
Address: 11811 US HWY ONE SUITE 101
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J DEFRANCO

CFO

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date