


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
04 AUG -3 PM 3:09

**DOCUMENT # P93000049914**

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



Principal Place of Business      Mailing Address

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

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07292004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0423422**      Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORSE, PETER C 200 FOUR FALLS CORP CTR., STE 205 WEST CONSHOCKEN, PA 19428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE HUNDRED FRONT ST, STE 900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSRV DEFRANCO, ROBERT J 11811 US HWY 1., STE 101 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900040251949</b> <b>08/17/04--01061--004 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BLOCK, ROBERT 75 PARK PLAZA 3RD FLOOR BOSTON, MA 021163934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM 103 CLARIDGE CT., STE 10 PRINCETON, NJ 08540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMARSE, ELISABETH 11 EAST 44TH ST., STE 1200 NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD THOMAS R. EVANS</b> <b>11 EAST 44TH ST, STE 1200</b> <b>NEW YORK, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV CUNNINGHAM, G. COTTER 11811 US HWY ONE SUITE 101 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. DeFranco*      Date: **7/29/04**      Daytime Phone #: **(904) 630-1230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR