


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90079 037 \*\*\*150.00


**DOCUMENT # P93000049914**

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



Principal Place of Business <b>11760 U.S. HIGHWAY ONE          SUITE 500          NORTH PALM BEACH, FL 33408 US</b>	Mailing Address <b>11760 U.S. HIGHWAY ONE          SUITE 500          NORTH PALM BEACH, FL 33408 US</b>
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**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0423422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEFRANCO, ROBERT J  
 11760 U.S. HIGHWAY ONE  
 SUITE 500  
 NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORSE, PETER C ONE HUNDRED FRONT ST.,STE.900 WEST CONSHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSRV DEFRANCO, ROBERT J 11760 US HWY 1., STE 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BLOCK, ROBERT 75 PARK PLAZA 3RD FLOOR BOSTON, MA 021163934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM 154 WITHERSPOON STREET PRINCETON, NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, THOMAS R 11 EAST 44TH ST., STE 1200 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINOLA, RICHARD J 1322 N. TULIP DRIVE WEST CHESTER, PA 19380

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/27/06 Daytime Phone #: 941 630 1230

SHOW SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40019838

Attachment to DOCUMENT # P93000049914

Item 10. Officers and Directors

Title:	D
Name:	Poliner, Randall E
Street Address:	P.O. Box 410730
City-St-Zip:	Melbourne, FL 32941