

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90120 011 ***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**

50013040



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0423422**
Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D MORSE, PETER C 200 FOUR FALLS CORP CTR., STE 205 WEST CONSHOHOCKEN PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSRV DEFRANCO, ROBERT J 11811 US HWY 1., STE 101 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'BLOCK, ROBERT 75 PARK PLAZA 3RD FLOOR BOSTON MA 02116-3934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAMS 152 NASSAU STREET SUITE 1 PRINCETON NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMARSE, ELISABETH 11 EAST 44TH ST., STE 1200 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV CUNNINGHAM, G. COTTER 11811 US HWY ONE SUITE 101 NORTH PALM BEACH FL 33408

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Martin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Clayridge Ct. Ste. 10 Princeton, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached <input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/10/03** Daytime Phone # **561.630.1230**

CR2E034 (10/02)

90013040

Attachments

#P300004914

D
Randall E. Poliner
P.O. Box 410730
Melbourne, FL 32941

D
Bruns Grayson
1 South Street
Baltimore, MD 21202

William MARTIN
(MARTIN is his LAST NAME)
103 CLARIDGE COURT, Suite 10
PRINCETON, NJ 08540