## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F0000000850

GUARANTEED RATE.COM, INC.

Principal Place of Business

Mailing Address

FILED Mar 29, 2001 8:00 am Secretary of State 03-29-2001 90395 004 \*\*\*150.00

TITLE NAME CIARDELLI, VICTOR CIARDELLI, VICTOR STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60614  VD NAME STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60615  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60614  CIY-ST-ZIP CHICAGO IL 60613  CIY-ST-ZIP CHICAGO IL 60613  CIY-ST-ZIP CHICAGO IL 60613  CIY-ST-ZIP CHICAGO IL 60613  CIY-ST-ZIP CHICAGO IL 60657  CIY-ST-ZIP CHICAGO IL 60657	19 WEST JACKSON. SUITE 210 19 WEST JACKSON. SUITE 210 CHICAGO IL 60604 CHICAGO IL 60604			Ō							
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CHI CA Go   Country   Country   Country   Country   S. Certificate of Status Desiriod   S.7.5 Additional Fee Pinquired  6. Name and Address of Current Registered Agent   Name   Name   CORPORATION SERVICE COMPANY   1201 HAYS STREET   Street Address of New Registered Agent   Name   Country   1201 HAYS STREET   Street Address of New Registered Agent   Name   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   Signature, types or princed rome of indigeneerid operation vibral 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   Signature, types or princed rome of indigeneerid operation vibral acceptable   Dotte   City   FL   Zip Code    9. This corporation is elliptive to satisfy its thrangible   After MAY 1, 2001 Fee will be \$550.00    17. OFFICERS AND DIRECTORS   FILE NOW!!! FEE IS \$150.00   After MAY 1, 2001 Fee will be \$550.00    18. 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   Zip Code   DATE   Zip Code   DEPARTMENT   Zip Code   DEPARTMENT   Zip Code   DEPARTMENT   Zip Code   DATE   Zip Code   DATE   Zip Code   DATE   Zip Code   DATE   Zip Code   Zip Code   DATE   Zip Code   Zip Co	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	э, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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G. Name and Address of Currient Registered Agent  G. Name and Address of Currient Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City  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  Signature, find or almost entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 7 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 8 A fifth grequement and elects to do so.   9. This corporation is eligible to satisfy its intangible 9 A fifth grequement and elects to do so.   11. OFFICERS AND DIRECTORS 12. A DOTTORS/CHANGES TO OFFICERS AND DIRECTORS N 11 11. OFFICERS AND DIRECTORS 12. A DOTTORS/CHANGES TO OFFICERS AND DIRECTORS N 11 12. A DOTTORS/CHANGES TO OFFICERS AND DIRECTORS N 11 13. OFFICERS AND DIRECTORS 13. A DOTTORS/CHANGES TO OFFICERS AND DIRECTORS N 11 14. OFFICERS AND DIRECTORS N 11 15. DECEMBER AND DIRECTORS N 1	Zip,	Country			5.	Certificate o	f Status Desired		8.75 Add	ditional	
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13. Thereby 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			in filling door not asset for the			440.07(0)(0)	El 11 Oct 1				

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 adverse, with all other like empowered.

**SIGNATURE:** 

VICTOR F. CLARDELLI II