

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90395 004 ***150.00

DOCUMENT # F00000000850

1. Entity Name
GUARANTEED RATE.COM, INC.

Principal Place of Business Mailing Address
~~19 WEST JACKSON, SUITE 210~~ ~~19 WEST JACKSON, SUITE 210~~
~~CHICAGO IL 60604~~ ~~CHICAGO IL 60604~~

2. Principal Place of Business 3. Mailing Address
3940 N. RAVENSWOOD **3940 N. RAVENSWOOD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CHICAGO, IL **CHICAGO, IL**
 Zip Country Zip Country
60613 **USA** **60613** **USA**

4. FEI Number Applied For
36-4327855 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	CIARDELLI, VICTOR	
STREET ADDRESS	2036 H NORTH SOUTHPORT	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, JOHN	
STREET ADDRESS	4523 NORTH HAMILTON	
CITY-ST-ZIP	CHICAGO IL 60625	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELE, DOUG	
STREET ADDRESS	1956 NORTH DAYTON	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FUJISHIMA, BURT	
STREET ADDRESS	4339 NORTH PAULINA	
CITY-ST-ZIP	CHICAGO IL 60613	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAUGHAN, SEAN	
STREET ADDRESS	3255 NORTH SOUTHPORT	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NAVIN, PAT	
STREET ADDRESS	1323 CLEVELAND	
CITY-ST-ZIP	EVANSTON IL 60202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN / CO-CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD A. DAVIS	
STREET ADDRESS	1032 ROYAL BOMBAY COURT	
CITY-ST-ZIP	NAPER VILL. IL 60653	
TITLE	EXECUTIVE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD F. YOUNG	
STREET ADDRESS	1730 N. CLARK	
CITY-ST-ZIP	CHICAGO, IL 60614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **VICTOR F. CIARDELLI, III** 3/20/01 773/290-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR001/3

CR2E034 (10/00)