2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000850

Entity Name: GUARANTEED RATE, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3940 N. RAVENSWOOD CHICAGO, IL 60613 **Current Mailing Address: New Mailing Address:** 3940 N. RAVENSWOOD CHICAGO, IL 60613 FEI Number: 36-4327855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CIARDELLI, VICTOR F III Name: Name: 643 S. WASHINGTON Address: Address: City-St-Zip: HINSDALE, IL 60521 City-St-Zip: CFO Title: Title: () Delete () Change () Addition Name: AHERN, TED Name: 609 EAST CENTER AVE Address: Address: LAKE BLUFF, IL 60644 City-St-Zip: City-St-Zip: SECR Title: (X) Change () Addition Title: () Delete SECR TED, AHERN CAIN, CATHERINE Name: Name: 609 EAST CENTER AVE 70 W BURTON PL #2005 Address: Address: City-St-Zip: LAKE BLUFF, IL 60644 City-St-Zip: CHICAGO, IL 60610 Title: () Delete Title: DIR () Change (X) Addition PARRILLO, WILLIAM J SR Name: Name: Address: Address: 8 FOREST GATE DRIVE City-St-Zip: City-St-Zip: OAK BROOK, IL 60521 Title: Title: () Change (X) Addition () Delete RISKY, ANTHONY J Name: Name: Address: 3504 FALKNER DR. Address: City-St-Zip: City-St-Zip: NAPERVILLE, IL 60564 Title: () Delete Title: () Change (X) Addition FUJISHIMA, BURT S Name: Name: 4339 N. PAULINA Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE CAIN SECR 04/23/2007