

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000850

FILED
Apr 21, 2008
Secretary of State

Entity Name: GUARANTEED RATE, INC.

Current Principal Place of Business:

3940 N. RAVENSWOOD
CHICAGO, IL 60613

New Principal Place of Business:

Current Mailing Address:

3940 N. RAVENSWOOD
CHICAGO, IL 60613

New Mailing Address:

FEI Number: 36-4327855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: CIARDELLI, VICTOR F III
Address: 643 S. WASHINGTON
City-St-Zip: HINSDALE, IL 60521

Title: CFO () Delete
Name: AHERN, TED
Address: 609 EAST CENTER AVE
City-St-Zip: LAKE BLUFF, IL 60644

Title: SECR () Delete
Name: CAIN, CATHERINE
Address: 70 W BURTON PL #2005
City-St-Zip: CHICAGO, IL 60610

Title: DIR () Delete
Name: PARRILLO, WILLIAM J SR
Address: 8 FOREST GATE DRIVE
City-St-Zip: OAK BROOK, IL 60521

Title: DIR () Delete
Name: RISKY, ANTHONY J
Address: 3504 FALKNER DR.
City-St-Zip: NAPERVILLE, IL 60564

Title: DIR () Delete
Name: FUJISHIMA, BURT S
Address: 4339 N. PAULINA
City-St-Zip: CHICAGO, IL 60613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

SECR

04/21/2008

_____ Date