

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000850

FILED  
Jan 26, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CIARDELLI, VICTOR F III  
Address: 734 S GRANT STREET  
City-St-Zip: HINSDALE, IL 60521

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

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

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

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

Title: COO  
Name: SAMPSON, ROBERT M  
Address: 322 EMILY CT.  
City-St-Zip: YORKVILLE, IL 60560

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE CAIN

SECR

01/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date