2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000003223

Entity Name: INTEREST.COM, INC.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 53 E ST CHARLES RD VILLA PARK, IL 60181 US **Current Mailing Address: New Mailing Address:** 53 E ST CHARLES RD VILLA PARK, IL 60181 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: ELIZABETH R. KONIECZNY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORSE, PETER C Name: Name: 11760 US HWY 1, SUITE 200 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: EVANS, THOMAS R Name: 11760 US HWY 1, SUITE 200 Address: Address: NORTH PALM BEACH, FL 33408 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MARTIN, WILLIAM C Name: Name: 11760 US HWY 1, SUITE 200 Address: Address: NORTH PALM BEACH, FL 33408 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition O'BLOCK, ROBERT P Name: Name: Address: 11760 US HWY 1, SUITE 200 Address: City-St-Zip: NORTH PALM BEACH, FL 33408 US City-St-Zip: Title: Title: () Delete () Change () Addition POLINER, RANDALL E Name: Name: 11760 US HWY 1, SUITE 200 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 US 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.

Title:

Name:

Address: City-St-Zip:

SIGNATURE: ROBERT J. DEFRANCO SVP 01/30/2009

() Delete

NORTH PALM BEACH, FL 33408 US

11760 US HWY 1, SUITE 200

PINOLA, RICHARD

Title:

Name:

Address:

City-St-Zip:

() Change () Addition