

DOCUMENT # P93000049914

1. Entity Name

BANKRATE, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90012 006 ***150.00

Principal Place of Business	Mailing Address
11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH FL 33408 US	11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH FL 33408 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0423422	Applied For
		Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> -		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEFRANCO, ROBERT J 11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH FL 33408	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D MORSE, PETER C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 FOUR FALLS CORP CTR., STE 205	NAME	
STREET ADDRESS	WEST CONSHOHOCKEN PA 19428	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SSRV DEFRANCO, ROBERT J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11811 US HWY 1., STE 101	NAME	
STREET ADDRESS	NORTH PALM BEACH FL 33408	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD CUNNINGHAM, JEFFREY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWO CROW ISLAND	NAME	
STREET ADDRESS	MANCHESTER-BY-THE-SEA MA 01944	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MARTIN, WILLIAMS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	609 GREENWICK ST., STE 9B	NAME	
STREET ADDRESS	NEW YORK NY 10014	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD DEMARSE, ELISABETH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 EAST 44TH ST., STE 1200	NAME	
STREET ADDRESS	NEW YORK NY 10017	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. DEFRANCO

01-05-01 (561) 630-1234
Date Daytime Phone #

CR2E034 (10/00)