

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90049 037 ***150.00

DOCUMENT # P93000049914

1. Entity Name
BANKRATE, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0423422

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Block, Robert	
STREET ADDRESS	75 Park Plaza, 3rd Floor	
CITY-ST-ZIP	Boston, MA 02116-3939	
TITLE	SRV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunningham, G. Cotter	
STREET ADDRESS	11811 US Highway One Suite 101	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	SRV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wentworth, Edward L.	
STREET ADDRESS	11 East 44th St Suite 1200	
CITY-ST-ZIP	New York, NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, William	
STREET ADDRESS	152 Nassau Street Suite 1	
CITY-ST-ZIP	Princeton, NJ 08542	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grayson, Bruce H.	
STREET ADDRESS	1 South Street Suite 2150	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poliner, Randall E.	
STREET ADDRESS	P.O. Box 410730	
CITY-ST-ZIP	Atlanta, GA 30341	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(3)(b), 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)