

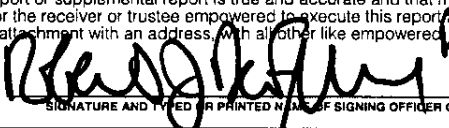


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 AUG -3 PM 3:09

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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0423422				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFRANCO, ROBERT J 11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORSE, PETER C <input type="checkbox"/> Delete 200 FOUR FALLS CORP CTR., STE 205 WEST CONSHOCKEN, PA 19428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE HUNDRED FRONT ST, STE SAME 900	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSRV DEFRANCO, ROBERT J <input type="checkbox"/> Delete 11811 US HWY 1, STE 101 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900040251949 08/17/04--01061--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BLOCK, ROBERT <input type="checkbox"/> Delete 75 PARK PLAZA 3RD FLOOR BOSTON, MA 021163934		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM <input type="checkbox"/> Delete 103 CLARIDGE CT., STE 10 PRINCETON, NJ 08540		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMASE, ELISABETH <input checked="" type="checkbox"/> Delete 11 EAST 44TH ST., STE 1200 NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS R. EVANS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 EAST 44TH ST, STE 1200 NEW YORK, NY 10017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV CUNNINGHAM, G. COTTER <input type="checkbox"/> Delete 11811 US HWY ONE SUITE 101 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 7/29/04 (Seal) 6304230		