2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049914

Entity Name: BANKRATE, INC.

FILED Jun 01, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH, FL 33408 US					11760 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408 US			
Current Mailing Address:					New Mailing Address:			
11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH, FL 33408 US					11760 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408 US			
FEI Number:	65-0423422	FEI Numbe	r Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate o	f Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
DEFRANCO, ROBERT J 11811 U.S. HIGHWAY ONE SUITE 101 NORTH PALM BEACH, FL 33408 US The above named entity submits this statement for the purpose o					DEFRANCO, ROBERT J 11760 U.S. HIGHWAY ONE SUITE 500 NORTH PALM BEACH, FL 33408 US of changing its registered office or registered agent, or both,			
in the State							06/0	1/2005
SIGNATURE:					06/01/2005 Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: CD () Delete				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD () De MORSE, PETER C ONE HUNDRED FI WEST CONSHOHO	; RONT ST.,S			Title: Name: Address: City-St-Zip:	() Change () A	adition
Title: Name: Address: City-St-Zip:	SSRV () De DEFRANCO, ROB 11811 US HWY 1. NORTH PALM BEA	ERT J , STE 101	408		Title: Name: Address: City-St-Zip:	DEFRANCO, I 11760 US HW	X) Change()A ROBERT J /Y 1., STE 500 I BEACH, FL 33	
Title: Name: Address: City-St-Zip:	D () De O'BLOCK, ROBER 75 PARK PLAZA 3 BOSTON, MA 021	RT RD FLOOR			Title: Name: Address: City-St-Zip:	() Change () A	ddition
Title: Name: Address: City-St-Zip:	D () De MARTIN, WILLIAM 103 CLARIDGE C PRINCETON, NJ	I T., STE 10			Title: Name: Address: City-St-Zip:	MARTIN, WILI	SPOON STREET	
Title: Name: Address: City-St-Zip:	PD () De EVANS, THOMAS 11 EAST 44TH ST NEW YORK, NY 1	R ., STE 1200			Title: Name: Address: City-St-Zip:	() Change ()A	ddition
Title: Name: Address: City-St-Zip:	() De	elete			Title: Name: Address: City-St-Zip:	PINOLA, RICH 1322 N. TULIF		Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: THOMAS R. EVANS PD 06/01/2005