

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 037 ***150.00

DOCUMENT # P93000049914

1. Entity Name
BANKRATE, INC.



Principal Place of Business
**11760 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408 US**

Mailing Address
**11760 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408 US**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEFRANCO, ROBERT J
11760 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MORSE, PETER C
ONE HUNDRED FRONT ST.,STE.900
WEST CONSHOCKEN, PA 19428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SSRV
DEFRANCO, ROBERT J
11760 US HWY 1., STE 500
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'BLOCK, ROBERT
75 PARK PLAZA 3RD FLOOR
BOSTON, MA 021163934**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, WILLIAM
154 WITHERSPOON STREET
PRINCETON, NJ 08542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EVANS, THOMAS R
11 EAST 44TH ST., STE 1200
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PINOLA, RICHARD J
1322 N. TULIP DRIVE
WEST CHESTER, PA 19380**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06 921 630 1230

40019838

Attachment to DOCUMENT # P93000049914

Item 10. Officers and Directors

Title:	D
Name:	Poliner, Randall E
Street Address:	P.O. Box 410730
City-St-Zip:	Melbourne, FL 32941