

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049914

Entity Name: BANKRATE, INC.

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

FEI Number: 65-0423422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## New Principal Place of Business:

11760 U.S. HIGHWAY ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408 US

## New Mailing Address:

11760 U.S. HIGHWAY ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

DEFRANCO, ROBERT J  
11760 U.S. HIGHWAY ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408 US

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:

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: MORSE, PETER C  
Address: ONE HUNDRED FRONT ST.,STE.900  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: SSRV ( ) Delete  
Name: DEFRANCO, ROBERT J  
Address: 11760 US HWY 1., STE 500  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: O'BLOCK, ROBERT  
Address: 75 PARK PLAZA 3RD FLOOR  
City-St-Zip: BOSTON, MA 021163934

Title: D ( ) Delete  
Name: MARTIN, WILLIAM  
Address: 154 WITHERSPOON STREET  
City-St-Zip: PRINCETON, NJ 08542

Title: PD ( ) Delete  
Name: EVANS, THOMAS R  
Address: 11 EAST 44TH ST., STE 1200  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: PINOLA, RICHARD J  
Address: 1322 N. TULIP DRIVE  
City-St-Zip: WEST CHESTER, PA 19380

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: EVANS, THOMAS R  
Address: 477 MADISON AVE  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROGER LEE

CTLR

03/06/2007

Electronic Signature of Signing Officer or Director

Date