

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049914

Entity Name: BANKRATE, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 200
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

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: SSVP () 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: 477 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J. DEFRANCO

SVP

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date