

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90120 011 \*\*\*150.00

**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**

**50013040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0423422**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**DEFRANCO, ROBERT J  
11811 U.S. HIGHWAY ONE  
SUITE 101  
NORTH PALM BEACH FL 33408**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORSE, PETER C</b>	
STREET ADDRESS	<b>200 FOUR FALLS CORP CTR., STE 205</b>	
CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA 19428</b>	
TITLE	<b>SSRV</b>	<input type="checkbox"/> Delete
NAME	<b>DEFRANCO, ROBERT J</b>	
STREET ADDRESS	<b>11811 US HWY 1., STE 101</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>O'BLOCK, ROBERT</b>	
STREET ADDRESS	<b>75 PARK PLAZA 3RD FLOOR</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116-3934</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, WILLIAMS</b>	
STREET ADDRESS	<b>152 NASSAU STREET SUITE 1</b>	
CITY-ST-ZIP	<b>PRINCETON NJ 08542</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMASE, ELISABETH</b>	
STREET ADDRESS	<b>11 EAST 44TH ST., STE 1200</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>SRV</b>	<input type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, G. COTTER</b>	
STREET ADDRESS	<b>11811 US HWY ONE SUITE 101</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>William Martin</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>103 Claridge Ct. Ste. 10</b>	
STREET ADDRESS	<b>Princeton, NJ 08540</b>	
CITY-ST-ZIP		
TITLE	<b>see attached</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/10/03** DAYTIME PHONE #: **561.630.1230**

CR2E034 (10/02)

90013040

Attachments

#P9300004914

D  
Randall E. Poliner  
P.O. Box 410730  
Melbourne, FL 32941

D  
Bruns Grayson  
1 South Street  
Baltimore, MD 21202

William Martin  
(Martin is his last name)  
103 CLARIDGE COURT, Suite 10  
PRINCETON, NJ 08540