

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000850

Entity Name: GUARANTEED RATE, INC.**Current Principal Place of Business:**3940 N. RAVENSWOOD
CHICAGO, IL 60613**Current Mailing Address:**3940 N. RAVENSWOOD
CHICAGO, IL 60613**FEI Number: 36-4327855****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CIARDELLI III, VICTOR F
Address	3940 N. RAVENSWOOD
City-State-Zip:	CHICAGO IL 60613

Title	SECR
Name	AHERN, EDWARD C
Address	3940 N. RAVENSWOOD
City-State-Zip:	CHICAGO IL 60613

Title	DIR
Name	RISKY, ANTHONY J
Address	790 PASQUINELLI DR.
City-State-Zip:	WESTMONT IL 60559

Title	DIR
Name	FUJISHIMA, BURT S
Address	1457 W. BELMONT
City-State-Zip:	CHICAGO IL 60657

Title	COO
Name	ATHANASIOU, NIKOLAOS P
Address	3940 N. RAVENSWOOD
City-State-Zip:	CHICAGO IL 60613

Title	OFFICER
Name	BLABOLIL, REBECCA
Address	3940 N. RAVENSWOOD
City-State-Zip:	CHICAGO IL 60613

Title	CHIEF REVENUE AND STRATEGY OFFICER
Name	ELIAS, JOHN
Address	3940 N. RAVENSWOOD
City-State-Zip:	CHICAGO IL 60613

I hereby 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 all other like empowered.

SIGNATURE: REBECCA BLABOLIL**CHIEF COMPLIANCE
OFFICER****04/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date