

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 010 ***150.00

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1. Entity Name
PLATINUM RECOVERY SOLUTIONS, INC.



Principal Place of Business
**1620 DODGE STREET, LM-11
OMAHA, NE 68102**

Mailing Address
**1620 DODGE STREET, LM-11
OMAHA, NE 68102**

94013441

2. Principal Place of Business
**1601 Dodge Street
Suite 1500**

3. Mailing Address
**1620 Dodge Street Stop 3085
Suite, Apt. #, etc.**

01232004 Chg-P CR2E034 (10/03)

City & State
Omaha NE
Zip
68197

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Omaha NE
Zip
68197

4. FEI Number
47-0717324
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHANAHAN, JAMES W	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA, NE 68102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRY, JOSEPH W	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA, NE 68102	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGENFELD, JOHN G	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA, NE 68102	
TITLE	S	<input type="checkbox"/> Delete
NAME	OSTROWSKI, JOHN A	
STREET ADDRESS	2223 DODGE ST	
CITY-ST-ZIP	OMAHA, NE 68102	
TITLE	AS	<input type="checkbox"/> Delete
NAME	O'CONNOR, MAUREEN	
STREET ADDRESS	2223 DODGE STREET	
CITY-ST-ZIP	OMAHA, NE 68102	
TITLE	TO	<input type="checkbox"/> Delete
NAME	RATHJEN, SARA L	
STREET ADDRESS	1620 DODGE ST.	
CITY-ST-ZIP	OMAHA, NE 68197	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input 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	<input 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	<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE:

Sara L. Rathjen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara L. Rathjen 1/29/04
Date

402-633-7548
Daytime Phone #