

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90089 019 \*\*\*150.00

**DOCUMENT # F98000006446**

1. Entity Name  
**PLATINUM RECOVERY SOLUTIONS, INC.**



Principal Place of Business

**1620 DODGE STREET  
SUITE 1500  
OMAHA, NE 68197**

Mailing Address

**1620 DODGE STREET  
SUITE 1500  
OMAHA, NE 68197**

**50005444**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
SHANAHAN, JAMES W  
2223 DODGE ST  
OMAHA, NE 68102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BARRY, JOSEPH W  
2223 DODGE ST  
OMAHA, NE 68102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LANGENFELD, JOHN G  
2223 DODGE ST  
OMAHA, NE 68102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
OSTROWSKI, JOHN A  
2223 DODGE ST  
OMAHA, NE 68102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
O'CONNOR, MAUREEN  
2223 DODGE STREET  
OMAHA, NE. 68102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TO  
RATHJEN, SARA L  
1620 DODGE ST.  
OMAHA, NE 68197**

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/05**

Date

**(402) 633-7510**

Daytime Phone #

# ATTACHMENT

Platinum Recovery Solutions, Inc.  
47-0717324

50005444

#798000006446

## List of Officers

Joseph W. Barry  
James W. Shanahan  
John A. Ostrowski  
Maureen M. O'Connor  
Michael Miller  
Sara L. Rathjen

## Title

President  
Vice President & Treasurer  
Secretary & 2nd Vice President  
Assistant Secretary  
Operations Officer  
Tax Officer

## Address

1620 Dodge Street Omaha, NE 68197  
1620 Dodge Street Omaha, NE 68197  
1620 Dodge Street Omaha, NE 68197  
1620 Dodge Street Omaha, NE 68197  
1620 Dodge Street Omaha, NE 68197  
1620 Dodge Street Omaha, NE 68197

## Directors

Joseph W. Barry  
John G. Langenfeld  
Matthew W. Lawver  
James W. Shanahan