2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# F98000006446

Entity Name: PLATINUM RECOVERY SOLUTIONS, INC.

Current Principal Place of Business:

14010 FNB PARKWAY
5TH FLOOR
OMAHA, NE 681545206

New Principal Place of Business:

Current Mailing Address:

1620 DODGE STREET #3085
OMAHA, NE 68197

New Mailing Address:

FEI Number: 47-0717324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD ( ) Delete
Name: OSTROWSKI, JOHN A
Address: 14010 FNB PARKWAY
City-St-Zip: OMAHA, NE 68154

Title: T ( ) Delete
Name: SHANNO, KEVIN
Address: 14010 FNB PARKWAY
City-St-Zip: OMAHA, NE 68154

Title: D ( ) Delete
Name: LANGENFELD, JOHN G
Address: 1620 DODGE STREET
City-St-Zip: OMAHA, NE 68197

Title: S ( ) Delete
Name: REED, JAY
Address: 14010 FNB PARKWAY
City-St-Zip: OMAHA, NE 68154

Title: AS ( ) Delete
Name: O'CONNOR, MAUREEN
Address: 1620 DODGE STREET
City-St-Zip: OMAHA, NE 68197

Title: TO ( ) Delete
Name: RATHJEN, SARA L
Address: 1620 DODGE ST.
City-St-Zip: OMAHA, NE 68197

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
Name:
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: SARA L RATHJEN TO 04/01/2009

Electronic Signature of Signing Officer or Director — Date