

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006446

FILED
Feb 23, 2011
Secretary of State

Entity Name: PLATINUM RECOVERY SOLUTIONS, INC.

Current Principal Place of Business:

14010 FNB PARKWAY
5TH FLOOR
OMAHA, NE 681545206

New Principal Place of Business:

1620 DODGE STREET
OMAHA, NE 68197

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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BICKLE, RICK
Address: 1620 DODGE STREET
City-St-Zip: OMAHA, NE 68197

Title: T
Name: BICKLE, RICK
Address: 1620 DODGE STREET
City-St-Zip: OMAHA, NE 68197

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

Title: S
Name: BAXTER, NICHOLAS W
Address: 1620 DODGE STREET
City-St-Zip: OMAHA, NE 68197

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

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

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: SARA L RATHJEN

TO

02/23/2011

Electronic Signature of Signing Officer or Director

Date