



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 154087		2. Exact name of the limited liability company Platinum Recovery Services, LLC	
3. State of Formation California		4. Brief description of the character of the business which is actually conducted in Rhode Island Collection Agency	
5. Principal office address 3800 Watt Avenue, Suite 225		City Sacramento	State CA
		Zip 95821	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Susan Evans		Contact Title Manager	
Street Address 3800 Watt Avenue, Suite 225		City Sacramento	State CA
		Zip 95821	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Balaji S. Rajan		Manager Name Michael I. Gerdes	
Street Address 1000 E. Woodfield Road, Suite 102		Street Address 1000 E. Woodfield Road, Suite 102	
City Schaumburg	State IL	Zip 60173	City Schaumburg
			State IL
			Zip 60173
Manager Name Ray Pond		Manager Name Susan Phillips Evans	
Street Address 3800 Watt Avenue, Suite 225		Street Address 3800 Watt Avenue, Suite 225	
City Sacramento	State CA	Zip 95821	City Sacramento
			State CA
			Zip 95821
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT COPPORATION SYSTEM		Address 10 WEYBOSSETT STREET	
Address		City PROVIDENCE	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

154087

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

*Susan Phillips Evans* 9/29/08  
Signature of Authorized Person Date

Susan Phillips Evans

Print or Type Name of Authorized Person

File Date	9-29-08
Check No.	2794
By:	<i>mnc</i>
FOR SECRETARY OF STATE USE ONLY	