

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003139

FILED
Apr 20, 2011
Secretary of State

Entity Name: SIRVA RELOCATION CREDIT, LLC

Current Principal Place of Business:

6200 OAK TREE BLVD, SUITE 300
INDEPENDENCE, OH 44131

New Principal Place of Business:

Current Mailing Address:

PO BOX 988
FORT WAYNE, IN 46801

New Mailing Address:

FEI Number: 30-0144740

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BILOTTA, FRANK
Address: 700 OAKMONT LANE
City-St-Zip: WESTMONT, IL 60559 US

Title: MGR
Name: CHESTER, GARY D
Address: 700 OAKMONT LANE
City-St-Zip: WESTMONT, IL 60559 US

Title: MGR
Name: GATHANY, DOUGLAS V
Address: 700 OAKMONT LANE
City-St-Zip: WESTMONT, IL 60559 US

Title: MGR
Name: MARGOLIS, JEFFREY H
Address: 6200 OAK TREE BLVD
City-St-Zip: INDEPENDENCE, OH 44131 US

Title: MGR
Name: SMITH, JAMES G
Address: 700 OAKMONT LANE
City-St-Zip: WESTMONT, IL 60559 US

Title: MGR
Name: UVEGES, STEVEN J
Address: 6200 OAK TREE BLVD
City-St-Zip: INDEPENDENCE, OH 44131 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY D. CHESTER

MGR

04/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date