

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J08698

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC6119113302**

**Entity Name:** SIRVA CONTAINER LINES, INC.

**Current Principal Place of Business:**

101 E. WASHINGTON BLVD., SUITE 1100  
FT WAYNE, IN 46802

**Current Mailing Address:**

P O BOX 988  
FT WAYNE, IN 46801-0988 US

**FEI Number: 35-1674670**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title PRE  
Name COOLIDGE, ANDREW P  
Address 101 E. WASHINGTON BLVD., SUITE 1100  
City-State-Zip: FT WAYNE IN 46802

Title ASST. SECRETARY  
Name RUDOLPH, JANINE E  
Address 101 E. WASHINGTON BLVD., SUITE 1100  
City-State-Zip: FORT WAYND IN 46802

Title DIR  
Name OBERDORF, THOMAS  
Address 17W 110 22ND STREET SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIR  
Name LUCAS, WES W  
Address 17W 110 22ND STREET SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title VP  
Name NEWBAUER, CHERYL D  
Address 101 E. WASHINGTON BLVD., SUITE 1100  
City-State-Zip: FT WAYNE IN 46802

Title SECRETARY  
Name MARGOLIS, JEFFREY H  
Address 6200 OAK TREE BLVD. SUITE 300  
City-State-Zip: INDEPENDENCE OH 44131

Title CFO  
Name THOMPSON, DENNIS M.  
Address 101 E. WASHINGTON BLVD., SUITE 1100  
City-State-Zip: FORT WAYNE IN 46802

Title TREASURER  
Name GIBSON, JOHN  
Address 101 E. WASHINGTON BLVD., SUITE 1100  
City-State-Zip: FT WAYNE IN 46802

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*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: JANINE E. RUDOLPH**

**ASSISTANT SECRETARY 04/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER

Name LAMB, JAMES R

Address 17 W 110 22ND STREET. SUITE 400

City-State-Zip: OAKBROOK TERRACE IL 60181