

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003139

Entity Name: SIRVA RELOCATION CREDIT, LLC

Current Principal Place of Business:

17W 110 22ND STREET
SUITE 400
OAKBROOK TERRACE, IL 60181

Current Mailing Address:

PO BOX 988
FORT WAYNE, IN 46801

FEI Number: 30-0144740

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

Authorized Person(s) Detail :

Title MGR
Name BILOTTA, FRANK
Address 17W 110 22ND STREET
SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

Title MGR
Name CASSELL, STEPHEN M
Address 211 N. BROADWAY, SUITE 2130
City-State-Zip: ST. LOUIS MO 63102

Title ASST. SECRETARY
Name BUTLER, KEVIN
Address 6200 OAK TREE BLVD.
City-State-Zip: INDEPENDENCE OH 44131

Title MANAGER
Name LAMB, JAMES R
Address 17 W 110 22ND STREET, SUITE 1100
City-State-Zip: FORT WAYNE IN 46802

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

Title MANAGER
Name LEA, KATRINA L
Address 101 E. WASHINGTON BLVD., SUITE
1100
City-State-Zip: FORT WAYNE IN 46802

Title TREASURER
Name GAGLIANO, RYAN
Address 17 W 110 22ND STREET, SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

Title PRESIDENT
Name GRIFFIN, BRYAN
Address 6200 OAK TREE BLVD., SUITE 300
City-State-Zip: INDEPENDENCE OH 44131

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATRINA L. LEA

ASSISTANT SECRETARY 06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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