

**2014 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 ULBERT, BRIAN P  
Address 17W 110 22ND STREET  
SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

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

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

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

Title MANAGER  
Name CHAMELI, DAVID P  
Address 17W 110 22ND STREET  
SUITE 400  
City-State-Zip: OAKBROOK TERRAC IL 60181

Title MANAGER  
Name RUDOLPH, JANINE E  
Address 5001 US HIGHWAY 30 WEST  
City-State-Zip: FORT WAYNE IN 46818

*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: JANINE E. RUDOLPH**

**ASSISTANT SECRETARY 04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date