

**2023 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 CLEMENTI, ANGELO  
Address 17W 110 22ND STREET  
SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title MGR  
Name CASSELL, STEPHEN M  
Address 17W 110 22ND STREET STE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

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

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

**Continues on page 2**

*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** 04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. TREASURER  
Name BOROVILOS, ADAM  
Address 39 WYNFORD DRIVE  
City-State-Zip: TORONTO ONTARIO M3C 3K5