

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003140

**FILED  
Jun 11, 2020  
Secretary of State  
6850409185CC**

**Entity Name:** SIRVA RELOCATION LLC

**Current Principal Place of Business:**

6200 OAK TREE BLVD  
SUITE 300  
INDEPENDENCE, OH 44131

**Current Mailing Address:**

P. O. BOX 988  
FORT WAYNE, IN 46801

**FEI Number:** 30-0066709

**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 MARGOLIS, JEFFREY H  
Address 6200 OAK TREE BLVD.  
SUITE 300  
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 MGR  
Name COOLIDGE, ANDREW P.  
Address 17 W 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 MANAGER  
Name LEA, KATRINA L  
Address 101 E. WASHINGTON BLVD., SUITE  
1100  
City-State-Zip: FORT WAYNE IN 46802

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

Title MANAGER  
Name STEELE, BRIAN  
Address 6200 OAK TREE BLVD.  
City-State-Zip: INDEPENDENCE OH 44131

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

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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. 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 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

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