

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003140

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 ULBERT, BRIAN P
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IL 60599

Title MGR
Name MARGOLIS, JEFFREY H
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IL 60599

Title MGR
Name OBERDORF, THOMAS
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IN 60559

Title MGR
Name GATHANY, DOUGLAS V
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IL 60599

Title MGR
Name CHAMELI, DAVID P
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IL 60559

Title MGR
Name LUCAS, WES W
Address 700 OAKMONT LANE
City-State-Zip: WESTMONT IL 60599

Title ASST. TREASURER
Name UVEGES, STEVEN J
Address 6200 OAK TREE BLVD
City-State-Zip: INDEPENDENCE OH 44131

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

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN P ULBERT

ASSISTANT TREASURER 04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name BALLI, DEBORAH L

Address 3300 FERNBROOK LANE

City-State-Zip: PLYMOUTH ME 55447