

**2023 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	Title	MGR
Name	MARGOLIS, JEFFREY H	Name	OBERDORF, THOMAS
Address	6200 OAK TREE BLVD. SUITE 300	Address	17W 110 22ND STREET SUITE 400
City-State-Zip:	INDEPENDENCE OH 44131	City-State-Zip:	OAKBROOK TERRACE IL 60181
Title	MGR	Title	MGR
Name	COOLIDGE, ANDREW P.	Name	CASELL, STEPHEN M
Address	17 W 110 22ND STREET, SUITE 400	Address	17W 110 22ND STREET STE 400
City-State-Zip:	OAKBROOK TERRACE IL 60181	City-State-Zip:	OAKBROOK TERRACE IL 60181
Title	MANAGER	Title	MANAGER
Name	LEA, KATRINA L	Name	STEELE, BRIAN
Address	101 E. WASHINGTON BLVD., SUITE 1100	Address	6200 OAK TREE BLVD.
City-State-Zip:	FORT WAYNE IN 46802	City-State-Zip:	INDEPENDENCE OH 44131
Title	MANAGER	Title	ASST. SECRETARY
Name	GAGLIANO, RYAN	Name	BUTLER, KEVIN
Address	17 W 110 22ND STREET, SUITE 400	Address	6200 OAK TREE BLVD.
City-State-Zip:	OAKBROOK TERRACE IL 60181	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** 04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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

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