

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004140

**Entity Name:** SIRVA MOVE MANAGEMENT, INC.

**Current Principal Place of Business:**

101 E. WASHINGTON BLVD., SUITE 1100  
FORT WAYNE, IN 46802

**Current Mailing Address:**

PO BOX 988  
FORT WAYNE, IN 46801

**FEI Number: 13-2890402**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title DIRECTOR, CFO  
Name CASSELL, STEPHEN M  
Address 211 N. BROADWAY, SUITE 2130  
City-State-Zip: ST. LOUIS MO 63102

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

Title PRESIDENT  
Name COOLIDGE, ANDREW P  
Address 101 E. WASHINGTON BLVD., SUITE  
1100  
City-State-Zip: FORT WAYNE IN 46802

Title ASST. SECRETARY  
Name LEA, KATRINA L  
Address 101 E. WASHINGTON BLVD., SUITE  
1100  
City-State-Zip: FORT WAYNE IN 46802

Title ASST. SECRETARY  
Name THOMAS II, ROBERT L  
Address 17W 110 22ND STREET  
SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

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

Title CHIEF ACCOUNTING OFFICER  
Name GRIFFIN, BRYAN  
Address 6200 OAK TREE BLVD., SUITE 300  
City-State-Zip: INDEPENDENCE OH 44131

Title TREASURER  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title VP  
Name SMITH, MICHAEL  
Address 17 W 110 22ND STREET, SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181