2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# M02000003140

Entity Name: SIRVA RELOCATION LLC

Current Principal Place of Business:

6070 PARKLAND BLVD.
MAYFIELD HEIGHTS, OH 44124

New Principal Place of Business:

Current Mailing Address:

6070 PARKLAND BLVD.
MAYFIELD HEIGHTS, OH 44124

New Mailing Address:

P. O. BOX 988
FORT WAYNE, IN 46801

FEI Number: 52-1840893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	KELLEY, BRIAN	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	( ) Delete
Name:	MILEWSKI, R	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	( ) Delete
Name:	FORD, R	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	( ) Delete
Name:	RYAN, JOAN	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	( ) Delete
Name:	FORD, RALPH	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	( ) Delete
Name:	ROSING, ROBERT J	
Address:	6070 PARKLAND BLVD.	
City-St-Zip:	MAYFIELD HEIGHTS, OH 44124	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	GATHANY, DOUGLAS V	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:	MGR	(X) Change ( ) Addition
Name:	HORINA, MICHAEL J	
Address:	700 OAKMONT LANE	
City-St-Zip:	WESTMONT, IL 60599	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JANET ENRIETTO ACCT 04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date