



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>71600</u>		2. Name of Corporation <u>SIRVA MORTGAGE, INC.</u>		
3. Street Address Principal Business Office <u>6200 OAK TREE BLVD., SUITE 300</u>		City <u>INDEPENDENCE</u>	State <u>OH</u>	Zip <u>44131</u>
4. Business Phone No. <u>800-531-3837</u>		5. State of Incorporation <u>OHIO</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>MORTGAGE LENDING</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>PAUL E. KLEMMER</u>		Vice President Name		
Street Address <u>6200 OAK TREE BLVD., SUITE 300</u>		Street Address		
City <u>INDEPENDENCE</u>	State <u>OH</u>	Zip <u>44131</u>	City <u>INDEPENDENCE</u>	
Secretary Name <u>JEFFREY H. MARGOLIS</u>		Treasurer Name <u>DOUGLAS V. GATHANY</u>		
Street Address <u>6200 OAK TREE BLVD., SUITE 300</u>		Street Address <u>700 OAKMONT LN.</u>		
City <u>INDEPENDENCE</u>	State <u>OH</u>	Zip <u>44131</u>	City <u>WESTMONT</u>	State <u>IL</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>PAUL E. KLEMMER</u>		Director Name <u>DOUGLAS V. GATHANY</u>		
Street Address <u>6200 OAK TREE BLVD., SUITE 300</u>		Street Address <u>700 OAKMONT LN.</u>		
City <u>INDEPENDENCE</u>	State <u>OH</u>	Zip <u>44131</u>	City <u>WESTMONT</u>	State <u>IL</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☒				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>15,000</u>	<u>Common</u>	<u>.00000</u>	<u>12,846.000</u>	<u>Common</u>
<u>750</u>	<u>PREF A</u>	<u>.00000</u>	<u>500.000</u>	<u>PREF A</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
JUN 30 2008
By AMK

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

PAUL E. KLEMMER
Print or Type Name

PRESIDENT
Title

Date

9. AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
750	PREF B	0.00000
10. ISSUED SHARES		
Number of Shares	Class/Series	Par Value
150	PREF B	0.00000

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