



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. ID No. 000145322

2. Exact Name of the Limited Liability Company SIRVA Relocation Credit, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RELOCATION SERVICES

5. Principal Office Address

No. and Street: 700 OAKMONT LANE

City or Town: WESTMONT

State: IL

Zip: 60559

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 5001 US HIGHWAY 30 WEST

City or Town: FORT WAYNE

State: IN

Zip: 46818

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DOUGLAS V GATHANY	700 OAKMONT LANE WESTMONT, IL 60559- USA
MANAGER	ERYK J SPYTEK	700 OAKMONT LANE WESTMONT, IL 60559 USA
MANAGER	FRANK BILOTTA	6200 OAK TREE BLVD INDEPENDENCE, OH 44131 USA
MANAGER	JEFFREY H MARGOLIS	6200 OAK TREE BLVD INDEPENDENCE, OH 44131 USA
MANAGER	STEVEN J UVEGES	6200 OAK TREE BLVD INDEPENDENCE, OH 44131 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of September, 2008 at 3:05:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JANET ENRIETTO
Signature of Authorized Person

Form No. 632
Revised 09/07

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