



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2012

1. ID No. 000131568

2. Exact Name of the Limited Liability Company Sirva Relocation 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: 6200 OAK TREE BLVD, STE 300

City or Town: INDEPENDENCE

State: OH Zip: 44131 Country: USA

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

Contact Name: Contact Title:

No. and Street: 5001 U.S. 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	WES W LUCAS	700 OAKMONT LANE WESTMONT, IL 60559 USA
MANAGER	STEVEN J UVEGES	6200 OAK TREE BLVD, ST 300 INDEPENDENCE, OH 44131 USA
MANAGER	DOUGLAS GATHANY	700 OAKMONT LANE WESTMONT, IL 60559 USA
MANAGER	JEFFREY MARGOLIS	6200 OAK TREE BLVD, ST300 INDEPENDENCE, OH 44131 USA
MANAGER	DEBORAH L BALLI	3300 FERNBROOK LA, N 300

		PLYMOUTH, MN 55447 USA
MANAGER	THOMAS W. OBERDORF	700 OAKMONT LANE WESTMONT, IL 60559 USA
MANAGER	BRIAN P ULBERT	700 OAKMONT LANE WESTMONT, IL 60559 USA
MANAGER	DAVID P CHAMELI	700 OAKMONT LANE WESTMONT, IL 60559 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 24 Day of October, 2012 at 11:17:26 AM 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 BRIAN P. ULBERT
Signature of Authorized Person

Form No. 632
Revised 09/07