



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71600		2. Name of Corporation SIRVA Mortgage, Inc.		
3. Street Address Principal Business Office 6070 Parkland Blvd.			City Mayfield Heights	State OH
4. Business Phone No. (440) 684-5599		5. State of Incorporation OHIO		Zip 44124
7. Brief Description of the Character of Business Conducted in Rhode Island ORIGINATION, SALE AND/OR ACQUISITION OF FIRST-LIEN MORTGAGE LOANS SECURED BY REAL PROPERTY.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul E. Klemme		Vice President Name James R. Coreno		
Street Address 6070 Parkland Blvd.		Street Address 6070 Parkland Blvd.		
City Mayfield Hts.	State OH	Zip 44124	City Mayfield Hts.	Zip 44124
Secretary Name Jeffrey H. Margolis		Treasurer Name Eugene A. Novak		
Street Address 6070 Parkland Blvd.		Street Address 6070 Parkland Blvd.		
City Mayfield Hts.	State OH	Zip 44124	City Mayfield Hts.	Zip 44124
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Eugene A. Novak		Director Name Robert J. Rosing		
Street Address 6070 Parkland Blvd.		Street Address 6070 Parkland Blvd.		
City Mayfield Hts.	State OH	Zip 44124	City Mayfield Hts.	Zip 44124
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class Series	Par Value	Number of Shares	Par Value
16,500 NO PAR VALUE			13,496	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 6 0 0 *

File Date 3/5/04
Check No. 002269
By: [Signature]
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] March 10, 2004
Signature of Officer Date
Paul E. Klemme, President
Print or Type Name of Officer
President
Title of Officer