



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131568		2. Exact name of the limited liability company Sirva Relocation LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RELOCATION SERVICES	
5. Principal office address 6070 PARKLAND BLVD		City MAYFIELD HGTS	State OHIO
		Zip 44124	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER WYALL		Contact Title SENIOR TAX MANAGER	
Street Address 5001 U.S. Hwy 30 West		City FORT WAYNE	State IN
		Zip 46818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☒ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ROBERT J. ROSING		Manager Name RALPH A. FORD	
Street Address 6070 PARKLAND BLVD		Street Address 700 OAKMONT LA	
City MAYFIELD HGTS	State OHIO	City WESTMONT	State IL
Zip 60559		Zip 60559	
Manager Name DOUGLAS V. GATHANY		Manager Name MICHAEL S. HORINA	
Street Address 700 OAKMONT LA		Street Address 700 OAKMONT LA	
City WESTMONT	State IL	City WESTMONT	State IL
Zip 60559		Zip 60559	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



131568

File Date	9/30/05
Check No.	40251491
By:	CH
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 of Authorized Person: Michael S. Horina Date: 9/27/05

Print or Type Name of Authorized Person: MICHAEL S. HORINA

**SIRVA Relocation, LLC
State of Rhode Island
Annual Report 2005**

Additional Managers

Eric A. Baker
5001 US Highway 30 W.
Fort Wayne, IN 46818

Jeffrey H. Margolis
6070 Parkland Blvd.
Cleveland, OH 44124-4191

Eugene A. Novak
6070 Parkland Blvd.
Cleveland, OH 44124-4191



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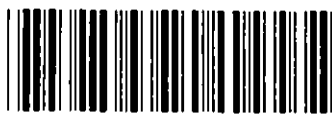
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* 1 3 1 5 6 8 *

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.

File Date **10/29/04**
Check No. **40224045**
By **VS.**

FOR SECRETARY OF STATE USE ONLY

Michael J Horina **10/21/04**
Signature of Authorized Person Date

MICHAEL J. HORINA, MANAGER
Print or Type Name of Authorized Person