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.	2. Exact name of the limited liability company
131568	Sirva Relocation LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	RELOCATION SERVICES

5. Principal office address	City	State	Zip
6070 PARKLAND BLVD	MAYFIELD HGTS	Ohio	44124

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
PETER WYALL	SENIOR TAX MANAGER

Street Address	City	State	Zip
5001 U.S. Hwy 30 West	FORT WAYNE	IN	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	Street Address	City	State	Zip
ROBERT J. ROSING	6070 PARKLAND BLVD	MAYFIELD HGHTS	Ohio	60559
RALPH A. FORD	700 OAKMONT LA	WESTMONT	IL	60559
DOUGLAS V. GATHANY	700 OAKMONT LA	WESTMONT	IL	60559
MICHAEL J. HORINA	700 OAKMONT LA	WESTMONT	IL	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	Address	City	Zip
CORPORATION SERVICE COMPANY			
	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

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

[redacted] [redacted]

131568

File Date	9/30/05
Check No.	4025491
By:	CL

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.

Michael J Horina 9/27/05
Signature of Authorized Person *Date*

[redacted]

MICHAEL J HORINA
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No	2 Exact name of the limited liability company
131568	Sirva Relocation LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	Relocation Services

5 Principal office address	City	State	Zip
6070 Parkland Blvd	Mayfield Heights	OH	44124

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Peter Wyall	Senior Tax Manager

Street Address	City	State	Zip
5001 U.S. Hwy 30 West	Fort Wayne	IN	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)*** [X]
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Robert J Rosing	6070 Parkland Blvd	Mayfield Hgts	OH	44124
Ralph A Ford	700 Oakmont Ln	Westmont	IL	60559
Douglas V. Gaathaug	700 Oakmont Ln	Westmont	IL	60559
Michael J Horina	700 Oakmont Ln	Westmont	IL	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	Address	City	Zip
CORPORATION SERVICE COMPANY		WARWICK	02888-
	222 JEFFERSON BOULEVARD, SUITE 200		

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

[redacted] [redacted]

* 131568 *

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.

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

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

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

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03 6