

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214533462

1.) CORPORATION NAME:

**SIRVA Settlement, Inc.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1673187**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	850

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6200 OAK TREE BLVD

CITY/ST/ZIP: INDEPENDENCE, OH 44131

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DEBORAH L BALLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3300 FERNBROOK LANE		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55447		

NAME:	KEVIN BUTLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6200 OAK TREE BLVD.		
CITY/ST/ZIP/CO:	INDEPENDENCE, OH 44131		

NAME:	DOUGLAS V. GATHANY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17W 110 22nd Street, Suite 400		
CITY/ST/ZIP/CO:	Oakbrook Terrace, IL 60181		

NAME:	BRIAN P. ULBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	17W 110 22nd Street, Suite 400		
CITY/ST/ZIP/CO:	Oakbrook Terrace, IL 60181		

NAME:	DAVID P. CHAMELI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	17W 110 22nd Street, Suite 400		
CITY/ST/ZIP/CO:	Oakbrook Terrace, IL 60181		

NAME:	JEFFREY H MARGOLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6200 OAK TREE BLVD		
CITY/ST/ZIP/CO:	INDEPENDENCE, OH 44131		

NAME: JANINE E RUDOLPH  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 5001 US HWY 30 WEST  
CITY/ST/ZIP/CO: FORT WAYNE, IN 46818

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JANINE E RUDOLPH</u>	<u>JANINE E RUDOLPH, ASST</u>	<u>6/27/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.