

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213505631

1.) CORPORATION NAME:

Macy's Retail Holdings, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0139826**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 WEST SEVENTH ST

CITY/ST/ZIP: CINCINNATI, OH 45202

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:	DENNIS J BRODERICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7W 7TH ST		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

NAME:	JOHN T. HARPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1120 AVE. OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		

NAME:	MICHAEL KRAUTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	219 PERIMETER CTR. PWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		

NAME:	JOEL A BELSKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	7 W 7TH ST		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

NAME:	DAVID W CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 W 7TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

NAME:	ROBERT B HARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	151 W 34TH ST.		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M HOGUET VICE PRESIDENT 7 W 7TH ST CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY R. MAYS VICE PRESIDENT 7 W 7TH ST. CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN MUNSON STEINES VICE PRESIDENT 7 W 7TH ST. CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN M SZAMES VP/T 7 W 7TH ST CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA J BALICKI SECRETARY 611 OLIVE ST ST LOUIS, MO 63101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J O'BRYAN ASST S 7 W 7TH ST CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY SCHMIDT BEADLES ASST SECRETARY 170 O'FARRELL ST. SAN FRANCISCO, CA 94102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Betty Tierney ASST SECRETARY 611 Olive St. St. Louis, MO 63101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A. COHEN ASST SECRETARY 611 OLIVE ST. ST. LOUIS, MO 63101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M. FEINER ASST SECRETARY 611 OLIVE ST. ST. LOUIS, MO 63101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A. FURLONG ASST SECRETARY 7 W 7TH ST. CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	CHRISTOPHER M. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 W 7TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	JAY L MONITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	HERALD SQ. 13TH FL.		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		
NAME:	DEBRA PAGE COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	219 PERIMETER CTR PKWY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	GARY A. WEBB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 W 7TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	STEVEN G. LUCAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 W 7TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	SUSAN P. STORER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 W 7TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	TOM COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF ADM OFFIC		
ADDRESS:	151 34TH ST. 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		
NAME:	CARL L. GOERTEMOELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	AMY L. HANSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	Peter Sachse	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF STORES OF		
ADDRESS:	151 34TH ST., 13TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		
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.			
/s/ STEPHEN J O'BRYAN	STEPHEN J O'BRYAN, ASST S	2/1/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.			