

1.) CORPORATION NAME:

BLOOMINGDALE'S, INC.

DUE DATE: **4/30/2011**

SCC ID NO: **F1104340**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 WEST 7TH STREET

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:	BRUCE E BERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	1000 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	DENNIS J BRODERICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	LINDA J BALICKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	611 OLIVE ST		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63101-		
NAME:	MICHAEL GOULD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1000 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022-		
NAME:	JOEL BELSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 WEST SEVENTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK DOROFF Vice Chairman 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY SPRING PRESIDENT 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID FISHER EXECUTIVE VP 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCINE KLEIN EXECUTIVE VP 1000 THIRD AVENUE NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL L. GOERTEMOELLER SVP 7 WEST 7TH ST. CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES ANDERSON SVP 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE LANEVE SVP 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN VITALE SVP 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VILLIAM BAER SVP 1000 THIRD AVE. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN M. SZAMES TREASURER 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W. CLARK VICE PRESIDENT 7 WEST 7TH STREET 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 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M. HOGUET VICE PRESIDENT 7 WEST 7TH STREET 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 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN G. LUCAS ASST TREASURER 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN P. STORER ASST TREASURER 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J. O'BRYAN ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY A. WEBB ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER M. KELLY ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A. FURLONG ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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/ STEPHEN J. O'BRYAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>STEPHEN J. O'BRYAN, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/25/2011</u> 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.