

1.) CORPORATION NAME:

BLOOMINGDALE'S, INC.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1104340**

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:

VA

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

NAME:	DAVID FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	1000 THIRD AVE.		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME:	KAREN M. HOGUET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

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:	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:	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:	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:	KATHLEEN A. FURLONG 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:	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:	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:	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: CHARLES ANDERSON TITLE: SVP ADDRESS: 1000 THIRD AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VILLIAM BAER TITLE: SVP ADDRESS: 1000 THIRD AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRANK DOROFF TITLE: VICE CHAIRMAN ADDRESS: 1000 THIRD AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARL L. GOERTEMOELLER TITLE: SVP ADDRESS: 7 WEST 7TH ST. CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL GOULD TITLE: CEO ADDRESS: 1000 THIRD AVE CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOE LANEVE TITLE: SVP ADDRESS: 1000 THIRD AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN VITALE TITLE: SVP ADDRESS: 1000 THIRD AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOEL BELSKY TITLE: DIRECTOR ADDRESS: 7 WEST SEVENTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jamison Fogg TITLE: Senior VP ADDRESS: 155 East 60th St CITY/ST/ZIP/CO: New York, NY 10022	<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.

/s/ STEPHEN J. O'BRYAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN J. O'BRYAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/10/2012 DATE
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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.