

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518682

1.) CORPORATION NAME:

BLOOMINGDALE'S, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1104340**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

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: TONY SPRING
TITLE: PRESIDENT
ADDRESS: 1000 THIRD AVE.
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER DIRECTOR

NAME: DENNIS J BRODERICK
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202

OFFICER DIRECTOR

NAME: DAVID W. CLARK
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202

OFFICER DIRECTOR

NAME: DAVID FISHER
TITLE: EXECUTIVE VP
ADDRESS: 1000 THIRD AVE.
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER DIRECTOR

NAME: JAMISON FOGG
TITLE: SENIOR VP
ADDRESS: 155 EAST 60TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10022

OFFICER DIRECTOR

NAME: KAREN M. HOGUET
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202

OFFICER 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:	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:	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:	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:	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:	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:	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:	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:	KATHLEEN A. FURLONG ASST SECRETARY 7 WEST 7TH STREET CINCINNATI, OH 45202	<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: CHRISTOPHER M. KELLY TITLE: ASST SECRETARY ADDRESS: 7 WEST 7TH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<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: STEPHEN J. O'BRYAN TITLE: ASST SECRETARY ADDRESS: 7 WEST 7TH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<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: GARY A. WEBB TITLE: ASST SECRETARY ADDRESS: 7 WEST 7TH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<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
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
4/19/2013 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.	