

1.) CORPORATION NAME:

**Macy's Systems and Technology, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1323890**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O MACY'S CORP SERVICES INC  
7 W 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:	LARRY LEWARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5985 STATE BRIDGE ROAD		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		

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

NAME:	CARL L. GOERTEMOELLER	<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:	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:	MIKE MANOUGIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5985 STATE BRIDGE ROAD		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		

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:	BRIAN M SZAMES VICE PRESIDENT 7 W SEVENTH STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE TIROCKE VICE PRESIDENT 5985 STATE BRIDGE RD. JOHNS CREEK, GA 30097	<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:	LINDA J BALICKI SECRETARY 7 W SEVENTH STREET CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT B HARRISON COO 151 W 34TH ST., 13TH FL NEW YORK, NY 10001	<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:	FAYE GLANCZ SVP 5985 STATE BRIDGE ROAD JOHNS CREEK, GA 30097	<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: BRIAN LEINBACH TITLE: SVP ADDRESS: 151 W. 34TH ST., 13TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONNA A. MAGEE TITLE: SVP ADDRESS: 151 W 34TH ST., 13TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN J O'BRYAN TITLE: ASST SECRETARY ADDRESS: 7 WEST 7TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY 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 ST 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	1/16/2014 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.		