

1.) CORPORATION NAME:

BELK, INC.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1330226**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	200,000,000
COMB	200,000,000
PREFER	20,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2801 W TYVOLA RD

CITY/ST/ZIP: CHARLOTTE, NC 28217-4500

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.

<p>NAME: JOHN R BELK TITLE: DIR/PRES/COO ADDRESS: 2801 W TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RALPH A PITTS TITLE: EVP/GC/CORP SEC ADDRESS: 2801 WEST TYVOLA ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS M BELK, JR TITLE: CHAIRMAN/CEO ADDRESS: 2801 W TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ADAM M ORVIS TITLE: EVP/CFO ADDRESS: 2801 W TYVOLA RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: H W MCKAY BELK TITLE: DIRECTOR ADDRESS: 2801 WEST TYVOLA ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ERSKINE B BOWLES TITLE: DIRECTOR ADDRESS: 2801 WEST TYVOLA ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-4500</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRI L DEVARD DIRECTOR 2801 WEST TYVOLA ROAD CHARLOTTE, NC 28217-4500	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH V LONG DIRECTOR 2801 WEST TYVOLA ROAD CHARLOTTE, NC 28217-4500	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C NELSON DIRECTOR 2801 WEST TYVOLA ROAD CHARLOTTE, NC 28217-4500	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R THOMPSON DIRECTOR 2801 WEST TYVOLA ROAD CHARLOTTE, NC 28217-4500	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L TOWNSEND DIRECTOR 2801 WEST TYVOLA ROAD CHARLOTTE, NC 28217-4500	<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/ RALPH A PITTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RALPH A PITTS, EVP/GC/CORP SEC PRINTED NAME AND CORPORATE TITLE	3/10/2015 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.			