

1.) CORPORATION NAME:

Macy's Corporate Services, Inc.

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

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

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **11/30/2010**

SCC ID NO: **F1570078**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 WEST 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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENNIS BRODERICK	
TITLE:	PRESIDENT	
ADDRESS:	7 W SEVENTH ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAREN HOGUET	
TITLE:	VPT	
ADDRESS:	7 WEST SEVENTH ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA BALICKI	
TITLE:	SECRETARY	
ADDRESS:	611 OLIVE ST	
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101-	

	<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:	BRIAN SZAMES	
TITLE:	TREASURER	
ADDRESS:	7 WEST SEVENTH ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY MAYS PRESIDENT 7 WEST SEVENTH ST CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W. CLARK EXECUTIVE VP 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY L. HANSON EXECUTIVE VP 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL L. GOERTEMOELLER 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:	BERNIE REISS 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:	BILL LYON 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:	THOMAS E. ROBERTS VICE PRESIDENT 2101 E. KEMPER RD CINCINNATI, OH 45241-	<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: 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: 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: KATHLEEN A. FURLONG 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 A. BELSKY TITLE: DIRECTOR ADDRESS: 7 WEST 7TH 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
11/10/2010 _____ 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.	