

1.) CORPORATION NAME:

**Macy's Corporate Services, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **F1570078**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**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:

**DE**

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:	BRADLEY MAYS	
TITLE:	PRESIDENT	
ADDRESS:	7 WEST SEVENTH ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID W. CLARK	
TITLE:	EXECUTIVE VP	
ADDRESS:	7 WEST 7TH STREET	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AMY L. HANSON	
TITLE:	EXECUTIVE VP	
ADDRESS:	7 WEST 7TH STREET	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN HOGUET VP/T 7 WEST SEVENTH ST 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:	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:	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:	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 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 SZAMES TREASURER 7 WEST SEVENTH ST CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL A. BELSKY DIRECTOR 7 WEST 7TH STREET CINCINNATI, OH 45202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	11/9/2011 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.