2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002424

Entity Name: SAKS DIRECT, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12 E 49TH STREET NEW YORK, NY 10017 **Current Mailing Address: New Mailing Address:** 12 E 49TH STREET NEW YORK, NY 10017 FEI Number: 13-2733441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PAS () Delete Title: (X) Change () Addition WILLS, KEVIN G Name: Name: WILLS, KEVIN G 12 EAST 49TH STREET 12 EAST 49TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: NEW YORK, NY 10017 EVP Title: Title: () Delete () Change () Addition Name: BRIZEL, MICHAEL Name: 12 EAST 49TH STREET Address: Address: NEW YORK, NY 10017 City-St-Zip: City-St-Zip: Title: AS () Delete Title: AS (X) Change () Addition RODGERS, MICHAEL RODGERS, MICHAEL Name: Name: 12 EAST 49TH STREET 3455 HWY 80 Address: Address: NEW YORK, NY 10017 City-St-Zip: JACKSON, MS 39209 City-St-Zip: Title: **VPS** () Delete Title: SEC (X) Change () Addition LLEWELLYN, RON C LLEWELLYN, RON C Name: Name: Address: 12 EAST 49TH STREET Address: 12 EAST 49TH STREET City-St-Zip: NEW YORK, NY 10017 City-St-Zip: NEW YORK, NY 10017 Title: Title: TREA (X) Change () Addition () Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VINCENT, MICHAEL

TATE, CELESTE L

12 EAST 49TH STREET

NEW YORK, NY 10017

12 EAST 49TH STREET

NEW YORK, NY 10017

(X) Change () Addition

SIGNATURE: CELESTE L. TATE VP 04/20/2009

VINCENT, MICHAEL

BENTLEY, JULIA

12 EAST 49TH STREET

NEW YORK, NY 10017

12 EAST 49TH STREET

NEW YORK, NY 10017

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: