


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90188 001 \*1,800.00

<b>DOCUMENT # P38157</b> 1. Entity Name <b>MACY'S FLORIDA, INC.</b>	
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Principal Place of Business <b>C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH ST. CINCINNATI, OH 45202 US</b>	Mailing Address <b>C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH ST. CINCINNATI, OH 45202 US</b>
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**66012842**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1239818</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELSKY, JOEL 7 WEST 7TH STREET CINCINNATI, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRODERICK, DENNIS J. 7 WEST 7TH STREET CINCINNATI, OH</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARIAPPA, PADMA T 7 WEST 7TH ST. CINCINNATI, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAYS, BRADLEY R 7 WEST 7TH STREET CINCINNATI, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS COX, JACK B 7 WEST 7TH STREET CINCINNATI, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ZIERMAIER, KLAUS M. 7 WEST 7TH STREET CINCINNATI, OH</b>

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Assistant Secretary** 4/15/05 (513) 579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

