

REC'D SEP 05 2003


Amended

FILED

03 SEP 19 PM 1:49

address acquired by phone. 9B 9-5-03

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P38184					
1. Entity Name BLOOMINGDALE'S, INC.					
Principal Place of Business C/O FEDERATED DEPARTMENT STORES, INC. 7 WEST SEVENTH ST. CINCINNATI, OH 45202 US			Mailing Address C/O FEDERATED CORPORATE SERVICES, INC 7 WEST SEVENTH ST. CINCINNATI, OH 45202 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 31-1240040				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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's signature required when reinstating)					
DATE _____					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State </div>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MICHAEL		NAME		
STREET ADDRESS	1000 3RD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	PCOO	<input checked="" type="checkbox"/> Delete	TITLE	BRUCE BERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, EDWIN		NAME		
STREET ADDRESS	1000 3RD AVE		STREET ADDRESS	31 DELAVAN LANE	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	HARRISON, NY 10529	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODERICK, DENNIS J.		NAME		
STREET ADDRESS	7 WEST SEVENTH STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIAPPA, PADMA T		NAME		
STREET ADDRESS	7 WEST 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JACK B		NAME		
STREET ADDRESS	7 WEST 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 or without other like empowered.					
SIGNATURE <i>X Jack B Cox</i> 9/5/03 513-529-7311					

CR2E034 (10/02)

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