

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000339

Entity Name: CALERES, INC.

Current Principal Place of Business:

8300 MARYLAND AVENUE
ST. LOUIS, MO 63105

Current Mailing Address:

8300 MARYLAND AVENUE
ST. LOUIS, MO 63105

FEI Number: 43-0197190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title CEO, PRESIDENT, DIRECTOR
Name SULLIVAN, DIANE M
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECRETARY
Name BURKE, THOMAS C
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title AS, VP
Name BERBERICH, WILLIAM JJR.
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name SCHULER, SHARON
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title CFO, VP
Name HANNAH, KENNETH H.
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name KLEIN, WARD M
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name KORN, STEVEN W
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR
Name CAPPS, W LEE
Address 8300 MARYLAND AVENUE
City-State-Zip: ST. LOUIS MO 63105

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J BERBERICH, JR.

VICE PRESIDENT, ASST 04/12/2016
SEC

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date