

**2019 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 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**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date