

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000339

Entity Name: CALERES, INC.

Current Principal Place of Business:

8300 MARYLAND AVE
ST LOUIS, MO 63105

Current Mailing Address:

8300 MARYLAND AVE
ST LOUIS, MO 63105 US

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 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 DIRECTOR
Name FREEMAN, BRENDA C
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name HENDRA, CARLA
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title PRESIDENT, CHAIRMAN
Name SULLIVAN, DIANE M
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name FLAVIN, LISA A
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name GREELEY, LORI H
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name GUPTA, MAHENDRA R
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name MCGINNIS, PATRICIA G
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

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

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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

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MCGINNIS, W PATRICK
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

Title DIRECTOR
Name MILLARD, WENDA HARRIS
Address 8300 MARYLAND AVE
City-State-Zip: ST LOUIS MO 63105

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

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