## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001482

Entity Name: FAMILY DOLLAR OPERATIONS, INC.

FILED Mar 23, 2009 Secretary of State

Littly Nan	ie. PAWIET L	OLLAR OPERATIONS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
10401 OLD MONROE ROAD MATTHEWS, NC 28105				10401 MONROE ROAD MATTHEWS, NC 28105			
Current Mailing Address:				New Mailing Address:			
PO BOX 10 CHARLOT	)17 TE, NC 28201	1017					
FEI Number:	56-1747881	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US  The above named entity submits this statement for the purpose				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US			
in the State			p 000 0		5 , og.o.o. ou	omes of registeres agent, or sour,	
SIGNATURE:				03/23/2009			
	npaign Financing	ic Signature of Registered Ager    Trust Fund Contribution ( ).	it			Date	
OFFICERS Title: Name: Address: City-St-Zip:	SVP () SOWERS, C. M 10401 OLD MO MATTHEWS, NO	Delete ARTIN NROE ROAD		ADDITION: Title: Name: Address: City-St-Zip:		DE ROAD	
Title: Name: Address: City-St-Zip:	VD () KELLEY, R J 10401 OLD MO MATTHEWS, NO			Title: Name: Address: City-St-Zip:	PCOO () KELLY, R. JAN 10401 MONRO MATTHEWS, N	DE ROAD	
Title: Name: Address: City-St-Zip:	PD () LEVINE, HOWA 10401 OLD MO MATTHEWS, NO	NROE ROAD		Title: Name: Address: City-St-Zip:	V (X MODLA, JACO 10401 MONRO MATTHEWS, N	DE ROAD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	,		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D ( LEVINE, HOW 10401 MONRO MATTHEWS, N	DE ROAD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACOB J. MODLA V 03/23/2009