

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90031 033 ***150.00

DOCUMENT # P23953

1. Entity Name
DOLLAR TREE STORES, INC.

Principal Place of Business: **500 VOLVO PKWY, CHESAPEAKE VA 23320 US**
 Mailing Address: **PO BOX 2500, NORFOLK VA 23501**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **500 VOLVO PARKWAY**

City & State: **CHESAPEAKE, VA**

4. FEI Number: **54-1387365** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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.

SIGNATURE: N/A DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD NAME: PERRY, J. DOUGLAS STREET ADDRESS: 4600 BEACH FRONT AVE CITY-ST-ZIP: VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BROCK, MACON F., JR. STREET ADDRESS: 1506 DUKE OF WINDSOR RD. CITY-ST-ZIP: VIRGINIA BEACH VA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: COMPTON, H.R. STREET ADDRESS: 1001 SEVILLE DRIVE CITY-ST-ZIP: CHESAPEAKE VA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: COBLE, FREDERICK STREET ADDRESS: 3001 HORNBEAM CT CITY-ST-ZIP: VIRGINIA BEACH VA 23452	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: ROBB, ERICA STREET ADDRESS: 345 COVENTRY RD CITY-ST-ZIP: VIRGINIA BEACH VA 23462	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fredrick C. Coble **FREDERICK C COBLE** *CFD, Senior VP & Secretary* **4/26/01** **757-321-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)