

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001482

Entity Name: FAMILY DOLLAR OPERATIONS, INC.**Current Principal Place of Business:**10401 MONROE ROAD
MATTHEWS, NC 28105**Current Mailing Address:**PO BOX 1017
CHARLOTTE, NC 28201-1017**FEI Number:** 56-1747881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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** EVP - CHIEF FINANCIAL OFFICER,
DIRECTOR**Name** WAMPLER, KEVIN**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** SVP - GENERAL COUNSEL &
SECRETARY, DIRECTOR**Name** OLD, WILLIAM A JR.**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** VP - TREASURER**Name** DEAN, ROGER**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** VP - ASST. GEN. COUNSEL & ASST.
SECRETARY**Name** BERMAN, BETH**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** PRESIDENT, COO**Name** PHILBIN, GARY**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** ASST. SECRETARY**Name** BOSCIA, SANDRA L**Address** 10401 MONROE ROAD**City-State-Zip:** MATTHEWS NC 28105**Title** VP, TAX**Name** ELDER, JON**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Title** VP**Name** MILLER, DEBORAH**Address** 500 VOLVO PARKWAY**City-State-Zip:** CHESAPEAKE VA 23320**Continues on page 2**

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: SHAWNTA TOTTEN-MEDLEY

VP, ASST. SECRETARY

05/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name YORK, CJ
Address 500 VOLVO PARKWAY
City-State-Zip: CHESAPEAKE VA 23320

Title VP, ASST. SECRETARY
Name TOTTEN-MEDLEY, SHAWN
Address 500 VOLVO PARKWAY
City-State-Zip: CHESAPEAKE VA 23320