

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

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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: SHAWN TA 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, SHAWNNTA
Address 500 VOLVO PARKWAY
City-State-Zip: CHESAPEAKE VA 23320