

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G09440

**Entity Name:** FAMILY DOLLAR STORES OF FLORIDA, INC.

**Current Principal Place of Business:**

10401 MONROE ROAD  
MATTHEWS, NC 28105

**Current Mailing Address:**

P.O. BOX 1017  
CHARLOTTE, NC 28201-1017 US

**FEI Number: 62-1147034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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 VP, TREASURER  
Name BURT, STEVEN E  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title PRESIDENT, SECRETARY, DIRECTOR  
Name ROGERS, ROBERT L  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title VP, ASST. SECRETARY  
Name SCHOENHEIT, THOMAS E  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title VP  
Name SILIAKUS, RICHARD P  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title VP  
Name STYKA, DAVID R  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title VP  
Name LUIS, JOSE M  
Address 10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

*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: THOMAS E. SCHOENHEIT**

**VP - ASST SECRETARY**

**08/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date