

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005551

**Entity Name:** FAMILY DOLLAR SERVICES, INC.

**Current Principal Place of Business:**

10401 MONROE ROAD  
MATTHEWS, NC 28105

**Current Mailing Address:**

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

**FEI Number: 56-1744955**

**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            PRESIDENT, COO  
Name            PHILBIN, GARY  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            SVP, GENERAL COUNSEL &  
SECRETARY, DIRECTOR  
Name            OLD, WILLIAM A JR.  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            VP, TREASURER  
Name            DEAN, ROGER  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            EVP, CFO, DIRECTOR  
Name            WAMPLER, KEVIN  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            ASST. SECRETARY  
Name            BOSCIA, SANDRA L  
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: SANDRA L BOSCIA**

**ASST. SECRETARY**

**04/26/2016**

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

\_\_\_\_\_  
Date