

1.) CORPORATION NAME:

**DOLLAR TREE MANAGEMENT, INC.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM A. OLD, JR.  
DOLLAR TREE STORES, INC.  
500 VOLVO PARKWAY**

SCC ID NO: **04376596**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**CHESAPEAKE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESAPEAKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 VOLVO PARKWAY

CITY/ST/ZIP: CHESAPEAKE, VA 23320

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GARY PHILBIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	BOB SASSER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/COB		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	KEVIN WAMPLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	DAVID BOLTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	ROGER DEAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	500 VOLVO PKWY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	JONATHAN L ELDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLAN GOLDMAN VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JACOBS VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZAN KAUFMAN VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN MALLAS VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH E MILLER VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A PAISLEY VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE PAOLINI VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY REID VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT THOMSON VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK TORRELL VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWNTA TOTTEN VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CATHY J EICHELBAUM TITLE: ASST SECRETARY ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM OLD, JR. TITLE: SECRETARY ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL MATAUNAS TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES PAISLEY TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
<b>I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.</b>		
/s/ CATHY J EICHELBAUM _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHY J EICHELBAUM, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	11/8/2013 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		