

1.) CORPORATION NAME:

DOLLAR TREE DISTRIBUTION, 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: **04376604**

CHESAPEAKE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 VOLVO PKWY

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: STEPHEN W WHITE TITLE: PRESIDENT ADDRESS: 500 VOLVO PKWY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN WAMPLER TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER DEAN TITLE: VP/T ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JONATHAN L ELDER TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DEAN M JONES TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN MALLAS TITLE: VICE PRESIDENT ADDRESS: 500 VOLVO PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	DEBORAH E MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	BRUCE PAOLINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	CATHY J EICHELBAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	SHAWN TA TOTTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	BOB SASSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OF BOARD		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	GARY PHILBIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	WILLIAM OLD, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
NAME:	MICHALE MATAUNAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		
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.			
/s/ CATHY J EICHELBAUM	CATHY J EICHELBAUM, ASST	11/8/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
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.			