

1.) CORPORATION NAME:

**DOLLAR TREE PROPERTIES, INC.**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**WILLIAM A OLD JR**

**1700 DOMINION TOWER**

**999 WATERSIDE DR**

**NORFOLK, VA 23510**

SCC ID NO: **04740668**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 5,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK 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:           | DOUGLAS R DREWS       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT             |   |  |
| 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:          | VP/AS                 |   |  |
| ADDRESS:        | 500 VOLVO PKWY        |   |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23320- |   |  |
| NAME:           | KATHLEEN MALLAS       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | TREASURER             |   |  |
| ADDRESS:        | 500 VOLVO PKWY        |   |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23320- |   |  |
| NAME:           | JAMES GORRY           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | SECRETARY             |   |  |
| ADDRESS:        | 500 VOLVO PKWY        |   |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23320- |   |  |
| NAME:           | STEPHEN W. WHITE      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |   |  |
| ADDRESS:        | 500 VOLVO PARKWAY     |   |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23320- |   |  |

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: CATHY J. EICHELBAUM<br>TITLE: ASST TREASURER<br>ADDRESS: 500 VOLVO PARKWAY<br>CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CATHY J. EICHELBAUM, ASST<br>TREASURER<br>PRINTED NAME AND CORPORATE TITLE | 9/30/2011<br>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.