

1.) CORPORATION NAME:

DOLLAR TREE, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06905996**

CHESAPEAKE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000,000
PREFER	10,000,000

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:	BOB SASSER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
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:	KATHLEEN MALLAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		

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:	TIMOTHY REID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		

NAME:	ROBERT THOMSON	<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:	SHAWN TA TOTTE N VICE PRESIDENT 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER DEAN TREASURER 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY J. EICHELBAUM ASST SECRETARY 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R. MATA CUNAS CHIEF ADMIN OFF 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A. OLD, JR. SECRETARY 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 CHIEF INFO OFF 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY PHILBIN PRES/COO 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT RUDMAN CHIEF MERCHAND 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN WAMPLER CFO 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN WHITE CHIEF LOGISTICS 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD S. BARRON DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MACON F. BROCK JR DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANNE CITRINO DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. RAY COMPTON DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONRAD M. HALL DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEMUEL E. LEWIS DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J DOUGLAS PERRY DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A. SAUNDERS DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E. WHIDDON DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL ZEITHAML DIRECTOR 500 VOLVO PARKWAY CHESAPEAKE, VA 23320	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ CATHY J. EICHELBAUM</u>	<u>CATHY J. EICHELBAUM, ASST</u>	<u>1/10/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.