

1.) CORPORATION NAME:

**AmeriGas Propane, Inc.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1208489**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 GULPH ROAD

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JERRY E SHERIDAN	
TITLE:	PRESIDENT	
ADDRESS:	460 NORTH GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN S IANNARELLI	
TITLE:	VP-FIN/CFO	
ADDRESS:	460 N GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM D KATZ	
TITLE:	VP-HUMAN RES	
ADDRESS:	460 NORTH GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAMUEL R MAURIELLO	
TITLE:	ASST TREASURER	
ADDRESS:	460 GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LON R GREENBERG	
TITLE:	CHAIRMAN	
ADDRESS:	460 NORTH GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

NAME: STEPHEN D BAN TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM J MARRAZZO TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY A PRATT TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARVIN O SCHLANGER TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD B STOECKEL TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN L WALSH TITLE: DIRECTOR ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HUGH J GALLAGHER TITLE: TREASURER ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT H KNAUSS TITLE: SECRETARY ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MATTHEW A WOODWARD TITLE: ASST SECRETARY ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<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/ SAMUEL R MAURIELLO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAMUEL R MAURIELLO, ASST TREASURER PRINTED NAME AND CORPORATE TITLE
3/20/2012 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.	