

1.) CORPORATION NAME:

AmeriGas Propane, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1208489**

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.

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

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

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

NAME:	MATTHEW A WOODWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	460 NORTH GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

NAME:	HUGH J GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	460 NORTH GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

NAME:	LON R GREENBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: MONICA M GAUDIOSI TITLE: SECRETARY ADDRESS: 460 N Gulph Rd CITY/ST/ZIP/CO: King of Prussia, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL R PEARSON TITLE: ASST TREASURER ADDRESS: 460 N Gulph Rd CITY/ST/ZIP/CO: Kng 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/ MICHAEL RPEARSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL RPEARSON, PRINTED NAME AND CORPORATE TITLE	2/12/2013 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.		