

1.) CORPORATION NAME:

AmeriGas Propane Parts & Service, Inc.

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1211137**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 N. GULPH RD.

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 TITLE: PRESIDENT ADDRESS: 460 N GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HUGH J GALLAGHER TITLE: VP-FINANCE ADDRESS: 460 NORTH GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN A. SAMUEL TITLE: VICE PRESIDENT ADDRESS: 460 N. GULPH RD. CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL R PEARSON TITLE: ASST TREASURER ADDRESS: 460 N GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANIEL J. PLATT TITLE: TREASURER ADDRESS: 460 N. GULPH RD. CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT J CRANE TITLE: CONTROLLER ADDRESS: 460 N.GULPH RD. CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MONICA M GAUDIOSI TITLE: SECRETARY ADDRESS: 460 NORTH GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MATTHEW A WOODWARD TITLE: ASST SECRETARY ADDRESS: 460 N GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JERRY E SHERIDAN	JERRY E SHERIDAN, PRESIDENT	3/29/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.