

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000009

FILED
Apr 28, 2004
Secretary of State

Entity Name: WASTE INDUSTRIES OF MISSISSIPPI, LLC

Current Principal Place of Business:

3301 BENSON DR.
RALEIGH, NC 27609

New Principal Place of Business:

3301 BENSON DR.
SUITE 601
RALEIGH, NC 27609

Current Mailing Address:

3301 BENSON DR.
RALEIGH, NC 27609

New Mailing Address:

3301 BENSON DR.
SUITE 601
RALEIGH, NC 27609

FEI Number: 94-3380326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HABETS, HARRY
Address: 3301 BENSON DR STE 601
City-St-Zip: RALEIGH, NC 27609

Title: MGRM () Delete
Name: PERRY, JIM
Address: 3301 BENSON DR STE 601
City-St-Zip: RALEIGH, NC 27609

Title: MGRM () Delete
Name: GRISSOM, STEPHEN D
Address: 3301 BENSON DR STE 601
City-St-Zip: RALEIGH, NC 27609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: D. STEPHEN GRISSOM

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date