

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004967

**Entity Name:** DIGITAL INTELLIGENCE SYSTEMS, LLC**Current Principal Place of Business:**8270 GREENSBORO DRIVE, SUITE 1000  
MCLEAN, VA 22102**Current Mailing Address:**8270 GREENSBORO DRIVE, SUITE 1000  
MCLEAN, VA 22102**FEI Number:** 45-5636447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Authorized Person(s) Detail :**

Title MEMBER  
Name DISYS HOLDINGS, LLC  
Address 8270 GREENSBORO DRIVE  
SUITE 1000  
City-State-Zip: MCLEAN VA 22102

Title MANAGER, CEO  
Name AHMED, MAHFUZ  
Address 8270 GREENSBORO DRIVE  
SUITE 1000  
City-State-Zip: MCLEAN VA 22102

Title MANAGER, PRESIDENT, COO  
Name AHMED, MARUF  
Address 8270 GREENSBORO DRIVE  
SUITE 1000  
City-State-Zip: MCLEAN VA 22102

Title GENERAL COUNSEL, SECRETARY  
Name BALDWIN, ALEX  
Address 8270 GREENSBORO DRIVE, SUITE  
1000  
City-State-Zip: MCLEAN VA 22102

Title VP, CHIEF ADMINISTRATIVE OFFICER  
Name NUSSBAUM, MARK  
Address 8270 GREENSBORO DRIVE, SUITE  
1000  
City-State-Zip: MCLEAN VA 22102

Title CFO, TREASURER  
Name LEROY, MICHAEL  
Address 8270 GREENSBORO DRIVE, SUITE  
1000  
City-State-Zip: MCLEAN VA 22102

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAHFUZ AHMED

CEO

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date