2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002224

Entity Name: DRS ADVANCED ISR, LLC

Current Principal Place of Business:

2601 MISSION POINT BLVD.

SUITE 250

BEAVERCREEK, OH 45431

Current Mailing Address:

5 SYLVAN WAY

PARSIPPANY, NJ 07054 US

FEI Number: 27-1421315 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Apr 24, 2018

Secretary of State

CC3022073950

Authorized Person(s) Detail:

Title **MANAGER** Title VP, OPERATIONS DRS DEFENSE SOLUTIONS, LLC MURPHY, TERENCE Name Name

Address 2345 CRYSTAL DRIVE Address 2345 CRYSTAL DRIVE

SUITE 1000 SUITE 1000

ARLINGTON VA 22202 City-State-Zip: ARLINGTON VA 22202 City-State-Zip:

ASST. SECRETARY Title VP, TAXATION Title Name RINSKY, JASON Name KREBEL, KATHERINE A

Address **5 SYLVAN WAY** Address 201 EVANS LANE

City-State-Zip: ST. LOUIS MO 63121 City-State-Zip: PARSIPPANY NJ 07054

Title **SECRETARY** Title **TREASURER**

Name DORFMAN, MARK A DIPPOLD, MICHAEL Name 2345 CRYSTAL DRIVE 2345 CRYSTAL DRIVE Address Address

SUITE 1000 SUITE 1000

ARLINGTON VA 22202 City-State-Zip: ARLINGTON VA 22202 City-State-Zip:

VΡ Title

Name EZELL, LARRY

Address 645 ANCHORS STREET

City-State-Zip: FORT WALTON BEACH FL 32548

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.

04/24/2018 SIGNATURE: JASON RINSKY **VP TAXATION**

Electronic Signature of Signing Authorized Person(s) Detail

Date