

2025 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:**200 CAMPUS DRIVE
SUITE 410
FLORHAM PARK, NJ 07932 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**Authorized Person(s) Detail :**

Title	MANAGER
Name	DRS DEFENSE SOLUTIONS, LLC
Address	2345 CRYSTAL DRIVE SUITE 1000
City-State-Zip:	ARLINGTON VA 22202

Title	PRESIDENT
Name	BAYLOUNY, JOHN A
Address	2345 CRYSTAL DRIVE SUITE 1000
City-State-Zip:	ARLINGTON VA 22202

Title	VP, TAXATION
Name	RINSKY, JASON W
Address	200 CAMPUS DRIVE SUITE 410
City-State-Zip:	FLORHAM PARK NJ 07932

Title	ASST. SECRETARY
Name	KREBEL, KATHERINE A.
Address	4201 INNOVATION WAY
City-State-Zip:	BRIDGETON MO 63044

Title	TREASURER
Name	DIPPOLD, MICHAEL D
Address	2345 CRYSTAL DRIVE SUITE 1000
City-State-Zip:	ARLINGTON VA 22202

Title	SECRETARY
Name	DORFMAN, MARK A
Address	2345 CRYSTAL DRIVE SUITE 1000
City-State-Zip:	ARLINGTON VA 22202

Title	SVP, GENERAL MANAGER
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.

SIGNATURE: JASON W. RINSKY

VP, TAXATION

04/22/2025

Electronic Signature of Signing Authorized Person(s) Detail_____
Date