

1.) CORPORATION NAME:

SOUTHWEST RESEARCH INSTITUTE

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD SUITE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1431420**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6220 CULEBRA RD

CITY/ST/ZIP: SAN ANTONIO, TX 78238-5166

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: J DAN BATES TITLE: PRESIDENT ADDRESS: PO DRAWER 28510 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78228-0510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETH ANN RAFFERTY TITLE: CFO/VP/INST SEC ADDRESS: PO DRAWER 28510 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78228-0510	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN C KORBELL TITLE: DIRECTOR ADDRESS: SMITH BARNEY INC 112 E PECAN ST STE 1500 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WAYNE S ALEXANDER TITLE: DIRECTOR ADDRESS: SBC SOUTHWESTERN BELL NO. 2 LOST TIMBERS CITY/ST/ZIP/CO: SAN ANTONIO, TX 78248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR MARY ANN RANKIN TITLE: DIRECTOR ADDRESS: ONE UNIVERSITY STATION G2500 CITY/ST/ZIP/CO: AUSTIN, TX 78712-0548	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Eugene L. Ames TITLE: DIRECTOR ADDRESS: 19240 Redland Rd, Suite 200 CITY/ST/ZIP/CO: San Antonio, TX 78259	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	RICHARD D. CALVERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	224 ALLEN ST.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78209		
NAME:	WALTER D. DOWNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	P.O. 28510		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78228-0510		
NAME:	A. BAKER DUNCAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 NAVARRO ST, SUITE 740		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205-1786		
NAME:	ROGER R. HEMMINGHAUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18756 STONE OAK PARKWAY SUITE 102A		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78258		
NAME:	MILTON B. LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6103 WOOD BAYOU		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-1923		
NAME:	PHILIP J. PFEIFFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	300 CONVENT ST, SUITE 2200		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205-3792		
NAME:	JACK S. FERNANDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 28510		
CITY/ST/ZIP/CO:	SAN ANTOIO, TX 78228-0510		
NAME:	JOHN B. ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4400 ISLAND COVE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78731		
NAME:	RICARDO ROMO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE UTSA CIRCLE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-0601		
NAME:	CURTIS VAUGHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 17258		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78217-0258		
NAME:	DAVID S. ZACHRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 33240		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78265		

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/ BETH ANN RAFFERTY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETH ANN RAFFERTY, CFO/VP/INST SEC PRINTED NAME AND CORPORATE TITLE	7/16/2012 DATE
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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.