

1.) CORPORATION NAME:

SOUTHWEST RESEARCH INSTITUTE

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1431420**

5.) STOCK INFORMATION

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| 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.

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| NAME: | J DAN BATES | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | PO DRAWER 28510 | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78228-0510 | | |
| 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: | BETH ANN RAFFERTY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO/VP/INST SEC | | |
| ADDRESS: | PO DRAWER 28510 | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78228-0510 | | |
| NAME: | LINDA M. BOEHME | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | P.O. BOX 28510 | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78228-0510 | | |
| 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: | WAYNE S ALEXANDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | SBC SOUTHWESTERN BELL | | |
| CITY/ST/ZIP/CO: | NO. 2 LOST TIMBERS SAN ANTONIO, TX 78248 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | EUGENE L. AMES DIRECTOR 19240 REDLAND RD, SUITE 200 SAN ANTONIO, TX 78259 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RICHARD D. CALVERT DIRECTOR 224 ALLEN ST. SAN ANTONIO, TX 78209 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | A. BAKER DUNCAN DIRECTOR 711 NAVARRO ST, SUITE 740 SAN ANTONIO, TX 78205-1786 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROGER R. HEMMINGHAUS DIRECTOR 18756 STONE OAK PARKWAY SUITE 102A SAN ANTONIO, TX 78258 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN C KORBELL DIRECTOR SMITH BARNEY INC 112 E PECAN ST STE 1500 SAN ANTONIO, TX 78205 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MILTON B. LEE DIRECTOR 6103 WOOD BAYOU SAN ANTONIO, TX 78249-1923 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DR MARY ANN RANKIN DIRECTOR ONE UNIVERSITY STATION G2500 AUSTIN, TX 78712-0548 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN B. ROBERTS DIRECTOR 4400 ISLAND COVE AUSTIN, TX 78731 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RICARDO ROMO DIRECTOR ONE UTSA CIRCLE SAN ANTONIO, TX 78249-0601 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CURTIS VAUGHN DIRECTOR P.O. BOX 17258 SAN ANTONIO, TX 78217-0258 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID S. ZACHRY DIRECTOR P.O. BOX 33240 SAN ANTONIO, TX 78265 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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.

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| <u>/s/ BETH ANN RAFFERTY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>BETH ANN RAFFERTY, CFO/VP/INST SEC</u> PRINTED NAME AND CORPORATE TITLE | <u>7/5/2013</u> DATE |
|--|--|-------------------------|

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.