

1.) CORPORATION NAME:

SUMMER INSTITUTE OF LINGUISTICS, INC.

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
LAUREN B HOMER
13102 PARSON LANE
FAIRFAX, VA 22033**

SCC ID NO: **F1758160**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7500 W CAMP WISDOM RD

CITY/ST/ZIP: DALLAS, TX 75236-

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: JOHN R WATTERS
TITLE: PRESIDENT
ADDRESS: SIL INTERNATIONAL
7500 W CAMP WISDOM RD
CITY/ST/ZIP/CO: DALLAS, TX 75236-

OFFICER DIRECTOR

NAME: BARBARA TRUDELL
TITLE: VICE PRESIDENT
ADDRESS: SIL INTERNATIONAL
7500 W CAMP WISDOM RD
CITY/ST/ZIP/CO: DALLAS, TX 75236-

OFFICER DIRECTOR

NAME: EUGENE C BURNHAM
TITLE: SECRETARY
ADDRESS: SIL INTERNATIONAL
7500 W CAMP WISDOM RD
CITY/ST/ZIP/CO: DALLAS, TX 75236-

OFFICER DIRECTOR

NAME: DAVID T CRAM
TITLE: TREASURER
ADDRESS: SIL INTERNATIONAL
7500 W CAMP WISDOM RD
CITY/ST/ZIP/CO: DALLAS, TX 75236-

OFFICER DIRECTOR

NAME: ROBIN GREEN
TITLE: GENERAL COUNSEL
ADDRESS: SIL INTERNATIONAL
7500 W CAMP WISDOM RD
CITY/ST/ZIP/CO: DALLAS, TX 75236-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGINA QUAISIE DIRECTOR GHANA EDUCATION SERVICE HQ ACCRA, -, GHANA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAIYUN UKOSAKUL DIRECTOR PO BOX 14 PHRASING CHIANGMAI 50200, -, THAILAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BOSMA DIRECTOR BOX 78 INDOOROPILLY, QLD 4068-, AUSTRALIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY CLARK DIRECTOR HORSLEYS GREEN HIGH WYCOMBE, BUCKS HP14 3XL-, UNITED KINGDOM (GREAT BRITAIN)	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANS COMBRINK DIRECTOR WDT 26 88900 KOTA KINABALU, SABAH -, MALAYSIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KOHIMA DARING DIRECTOR 3/13 IQBAL ROAD MOHAMMEDPUR, DHAKA 1000-, BANGLADESH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK FLOYD DIRECTOR 16135 SUNNY CT. WHITTIER, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCO HERRERA DIRECTOR 14465 SW 138 PL MIAMI, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHEL KENMOGNE DIRECTOR BP 1299 YAOUNDE, -, CAMEROON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BONNIE NYSTROM DIRECTOR PO BOX 365 UKARUMPA, EHP 444-, PAPUA NEW GUINEA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: FREDRICK BOSWELL TITLE: Exec Director ADDRESS: 7500 W. CAMP WISDOM RD CITY/ST/ZIP/CO: DALLAS, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ EUGENE C BURNHAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EUGENE C BURNHAM, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/26/2011 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.