

1.) CORPORATION NAME:

**SIL LEAD, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAUREN B HOMER  
13102 PARSON LN  
FAIRFAX, VA 22033**

SCC ID NO: **F1878893**

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

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:	ELEANOR LEE BERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/CFO		
ADDRESS:	7500 W CAMP WISDOM RD		
CITY/ST/ZIP/CO:	DALLAS, TX 75236		
NAME:	PAUL S FRANK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR/CEO		
ADDRESS:	1701 CLARENDON BLVD STE 105		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	VALERIE LYNN MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7500 W CAMP WISDOM RD		
CITY/ST/ZIP/CO:	DALLAS, TX 75236		
NAME:	CLARE O'LEARY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7500 W CAMP WISDOM RD		
CITY/ST/ZIP/CO:	DALLAS, TX 75236		
NAME:	SERGE DUSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1313 L ST NE STE 220		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		
NAME:	Simon Caudwell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wycliffe Centre, Horsleys Green		
CITY/ST/ZIP/CO:	High Wycombe, HP HP13 3XL, GB		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Opoku Mensah DIRECTOR PO Box 0S3063 Accra, , GH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Nelson DIRECTOR 7958 Mount Hope Drive Colorado Springs, CO 80924	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marc D. Taylor DIRECTOR 351 Executive Drive Carol Stream, IL 60188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey D. Webster DIRECTOR GPO 8975, EPC 750 Kathmandu, , NP	<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.			
/s/ PAUL S FRANK	PAUL S FRANK, EXEC DIR/CEO	9/21/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			