

1.) CORPORATION NAME:

SIL LEAD, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1878893**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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:	SIMON CAUDWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WYCLIFFE CENTRE, HORSLEYS GREEN HIGH WYCOMBE,HP,HP13 ,UNITED KINGDOM (GREAT B		
CITY/ST/ZIP/CO:	, , FN		
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: PAUL OPOKU MENSAH TITLE: DIRECTOR ADDRESS: PO BOX 0S3063 ACCRA, GHANA CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL NELSON TITLE: DIRECTOR ADDRESS: 7958 MOUNT HOPE DRIVE CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80924	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARC D. TAYLOR TITLE: DIRECTOR ADDRESS: 351 EXECUTIVE DRIVE CITY/ST/ZIP/CO: CAROL STREAM, IL 60188	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CARL GROVE TITLE: DIRECTOR ADDRESS: 7500 CAMP WISDOM RD CITY/ST/ZIP/CO: DALLAS, TX 75236-5699	<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/ ELEANOR LEE BERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELEANOR LEE BERRY, TREAS/CFO PRINTED NAME AND CORPORATE TITLE	11/30/2013 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.		