

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003134

FILED
Apr 08, 2009
Secretary of State

Entity Name: CRAFT BREWERS ALLIANCE, INC.

Current Principal Place of Business:

929 NORTH RUSSELL STREET
PORTLAND, OR 97227 US

New Principal Place of Business:

Current Mailing Address:

929 NORTH RUSSELL STREET
PORTLAND, OR 97227 US

New Mailing Address:

FEI Number: 91-1141254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: MICHAELSON, TERRY E
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: P () Delete
Name: MICKELSON, DAVID J
Address: 14300 NE 145TH STREET STE 210
City-St-Zip: WOODINVILLE, WA 980729045

Title: VPM () Delete
Name: MCFALL, TIMOTHY
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: CAO () Delete
Name: MORELAND, MARK
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: S () Delete
Name: FRANTZ, MARY ANN
Address: 111 S.W. FIFTH AVENUE, SUITE 3400
City-St-Zip: PORTLAND, OR 972043699

Title: CFO () Delete
Name: CALDWELL, JAY T
Address: 14300 NE 145TH STREET STE 210
City-St-Zip: WOODINVILLE, WA 980729045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MICHAELSON, TERRY E
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: CFO (X) Change () Addition
Name: MORELAND, MARK D
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: VP S (X) Change () Addition
Name: WALL, MARTIN J IV
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: CONT (X) Change () Addition
Name: O'BRIEN, JOSEPH K
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP O (X) Change () Addition
Name: PASTORE, SEBASTIAN V
Address: 929 NORTH RUSSELL STREET
City-St-Zip: PORTLAND, OR 97227 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH K O'BRIEN

CONT

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date