


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 020 ***158.75

DOCUMENT # 857863 1. Entity Name PABST BREWING COMPANY					
Principal Place of Business 312 PEARL PKWY. SAN ANTONIO, TX 78215 US				Mailing Address PO BOX 1661 SAN ANTONIO, TX 78298-1661 US	
2. Principal Place of Business 121 Interpark Boulevard		3. Mailing Address P. O. Box 792627			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State San Antonio, Texas		City & State San Antonio, Texas		4. FEI Number 39-0983896	
Zip 78216-1852		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 78216-1852		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete ORSI, BERNARD A. 74 ST. THOMAS WAY BELVEDERE TIBURON, CA 94920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input type="checkbox"/> Delete WALTER, JIM 121 INTERPARK BLVD, STE 300 SAN ANTONIO, TX 78296		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KOVALCHUCK, BRIAN D 121 INTERPARK BOULEVARD SUITE 300 SAN ANTONIO, TX 78216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete APALLAS, YEORYIOS C 100 SHORELINE HWY BLDG B SUITE 391 MILL VALLEY, CA 94941		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete BIZER, JAMES 121 INTERPARK BOULEVARD, SUITE 300 SAN ANTONIO, TX 78216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James, Kim Alan 121 INTERPARK BOULEVARD, SUITE 300 SAN ANTONIO, TX 78216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete RADFKE, WILLIAM J 622 E VIENNA AVENUE MILWAUKEE, WI 53201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Kim Alan James, C.F.O. 1/21/05 210 299-2712		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50006459



01172005 Chg-P CR2E034 (10/03)