

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 857863

1. Entity Name
PABST BREWING COMPANY



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
**121 INTRPARK BLVD STE 300
SAN ANTONIO, TX 78216-1852 US**

Mailing Address
**P O BOX 792627
SAN ANTONIO, TX 78279-2627 US**



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-0983896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ORSI, BERNARD A.
74 ST. THOMAS WAY
BELVEDERE TIBURON, CA 94920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSO
WALTER, JIM
121 INTERPARK BLVD, STE 300
SAN ANTONIO, TX 78296**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KOTECKI, KEVIN
9014 HERITAGE PKWY, STE 308
WOODRIDGE, IL 60517**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WOLZ, BILL
9014 HERITAGE PKWY, STE 308
WOODRIDGE, IL 60517**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LINDQUIST, SUSAN
9014 HERITAGE PKWY, STE 308
WOODRIDGE, IL 60517**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RADFKE, WILLIAM J
622 E VIENNA AVENUE
MILWAUKEE, WI 53201**

U000000954876
07/15/08-80001-020 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Walter, C.S.O.

7/7/08 210 299-6993

Date

Daytime Phone #