

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857863

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: PABST BREWING COMPANY

## Current Principal Place of Business:

121 INTRPARK BLVD STE 300  
SAN ANTONIO, TX 782161852 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 792627  
SAN ANTONIO, TX 782792627 US

## New Mailing Address:

FEI Number: 39-0983896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VSD ( ) Delete  
Name: ORSI, BERNARD A.,  
Address: 74 ST. THOMAS WAY  
City-St-Zip: BELVEDERE TIBURON, CA 94920

Title: CSO ( ) Delete  
Name: WALTER, JIM  
Address: 121 INTERPARK BLVD, STE 300  
City-St-Zip: SAN ANTONIO, TX 78296

Title: P ( ) Delete  
Name: KOTECKI, KEVIN  
Address: 9014 HERITAGE PKWY, STE 308  
City-St-Zip: WOODRIDGE, IL 60517

Title: CFO ( ) Delete  
Name: WOLZ, BILL  
Address: 9014 HERITAGE PKWY, STE 308  
City-St-Zip: WOODRIDGE, IL 60517

Title: V ( ) Delete  
Name: LINDQUIST, SUSAN  
Address: 9014 HERITAGE PKWY, STE 308  
City-St-Zip: WOODRIDGE, IL 60517

Title: V ( ) Delete  
Name: RADFKE, WILLIAM J  
Address: 622 E VIENNA AVENUE  
City-St-Zip: MILWAUKEE, WI 53201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: \_\_\_\_\_

JAMES D. WALTER

CSO

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date