

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003134

Entity Name: CRAFT BREW ALLIANCE, INC.**Current Principal Place of Business:**ONE BUSCH PLACE
ST. LOUIS, MO 63118**Current Mailing Address:**ONE BUSCH PLACE
ST. LOUIS, MO 63118 US**FEI Number:** 91-1141254**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title ASST. SECRETARY
Name REED, MARCUS
Address 929 N. RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title SECRETARY, DIRECTOR
Name LARSON, THOMAS
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title VP
Name MARCELINO, BETTY
Address 125 W 24TH STREET
City-State-Zip: NEW YORK NY 10011

Title VP
Name THARAEPARAMBIL, ROBERT
Address 125 W 24TH STREET
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR, VP, TREASURER
Name GILBERTSON, MATTHEW
Address 125 WEST 24TH STREET
City-State-Zip: NEW YORK NY 10011

Title VP, ASST. TREASURER
Name DUCKWORTH, MICHAEL
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title VP
Name MCKENZIE, DAVID
Address 125 W 24TH STREET
City-State-Zip: NEW YORK NY 10011

Title ASST. SECRETARY
Name THOMAS, LYDIA A
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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I hereby 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 all other like empowered.

SIGNATURE: BETTY MARCELINO**VICE PRESIDENT****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name WEAS, TOBIAS
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title PD
Name THOMAS, ANDREW
Address ONE BUSCH PL
City-State-Zip: ST LOUIS MO 63118

Title CEO
Name THOMAS, ANDREW
Address ONE BUSCH PL
City-State-Zip: ST LOUIS MO 63118

Title VP
Name DIXON, BRYAN
Address ONE BUSCH PL
City-State-Zip: ST LOUIS MO 63118