

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003134

Entity Name: CRAFT BREW ALLIANCE, INC.**Current Principal Place of Business:**929 NORTH RUSSELL STREET
PORTLAND, OR 97227**Current Mailing Address:**929 NORTH RUSSELL STREET
PORTLAND, OR 97227 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 PRESIDENT, CEO
Name THOMAS, ANDREW J
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR
Name BOYLE, TIMOTHY P
Address COLUMBIA SPORTSWEAR CO
 PO BOX 8307
City-State-Zip: PORTLAND OR 97207

Title DIRECTOR
Name LARSON, THOMAS D
Address ANHEUSER-BUSCH, INC
 ONE BUSCH PLACE
City-State-Zip: ST LOUIS MO

Title VP, COO
Name MENNEN, J SCOTT
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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

Title DIRECTOR
Name CRAMER, MARC J
Address BILL HEALY FOUNDATION
 PO BOX 4525
City-State-Zip: PORTLAND OR 97208

Title VP, CHIEF MARKETING OFFICER
Name KUNZE, KENNETH C
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title VP, EMERGING BUSINESS
Name GLICK, JOHN
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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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: MARCUS REED**SECRETARY****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EXECUTIVE VP, CFO
Name VANDERSTELT, JOSEPH K
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR
Name KELLY, KEVIN R
Address 7600 SW NORTHVALE WAY
City-State-Zip: PORTLAND OR 97225

Title DIRECTOR
Name ROGERS, JOHN D JR.
Address 9000 INVERNESS DRIVE NE
City-State-Zip: SEATTLE WA 98115

Title DIRECTOR
Name DAVIS, PAUL D
Address 4211 WILLIAMS AVENUE NORTH
City-State-Zip: RENTON WA 98056

Title DIRECTOR
Name LORD, DAVID R
Address 10827 VALMAY AVENUE NW
City-State-Zip: SEATTLE WA 98177