

**2018 FOREIGN PROFIT CORPORATION AMENDED 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            DIRECTOR  
Name            DAVIS, PAUL D  
Address        4211 WILLIAMS AVENUE NORTH  
City-State-Zip: RENTON WA 98056

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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 H. REED**SECRETARY****11/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 MILLS, NICKOLAS A  
Address ANHEUSER-BUSCH, INC.  
ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

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

Title CORPORATE CONTROLLER  
Name SMITH, EDWIN AUBREY  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR  
Name WOODWARD, JACQUELINE SMITH  
Address 180 LINDEN ROAD  
City-State-Zip: PINEHURST NC 28374