

**2023 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 VP  
Name MCKENZIE, DAVID  
Address 125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

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

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

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

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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: ROBERT THARAEPARAMBIL****VICE PRESIDENT****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AS  
Name JUDD, KENNETH  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title AS  
Name COHN, ERIKA  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title CFO  
Name PERICH, CHRISTINE  
Address 125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

Title DIRECTOR, VP, TREASURER  
Name PRESTON, DANIEL  
Address 125 W 24TH STREET  
City-State-Zip: NEW YORK NY 10011

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