

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
 03-29-2000 90078 026 ***150.00

DOCUMENT # 857863

1. Entity Name

PABST BREWING COMPANY

Principal Place of Business

Mailing Address

7600 NE 41ST ST.
 STE 125
 VANCOUVER WA 98662
 US

PO BOX 4556
 VANCOUVER WA 98662-0556
 US

2. Principal Place of Business

100 SHORELINE HWY

3. Mailing Address

100 SHORELINE HWY.

Suite, Apt. #, etc.

BUILDING B - SUITE 395

Suite, Apt. #, etc.

BUILDING B - SUITE 395

City & State

MILL VALLEY CA

City & State

MILL VALLEY, CA

Zip

94941

Country

USA

Zip

94941

Country

USA

4. FEI Number

39-0983896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	ISSLEIB, LUTZ	
STREET ADDRESS	RT. 1 BOX 150	
CITY-ST-ZIP	HUNT TX	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ORSI, BERNARD A.	
STREET ADDRESS	74 ST. THOMAS WAY	
CITY-ST-ZIP	TIBURON CA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAMVELD, GARY	
STREET ADDRESS	1000 GREEN STREET #205	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CAMPBELL, DARRIN	
STREET ADDRESS	312 PEARL PARKWAY	
CITY-ST-ZIP	SAN ANTONIO TX 78296	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	BITTING, WILLIAM M	
STREET ADDRESS	860 MUSKINGUM AVE	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTER, JIM	
STREET ADDRESS	312 PEARL PARKWAY	
CITY-ST-ZIP	SAN ANTONIO TX 78296	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TIBURON, CA 94920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Bernard A. Orsi BERNARD A. ORSI

EXECUTIVE V.P. 2-23-00 (415) 332-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #