

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90011 026 ***158.75

DOCUMENT # 857863 1. Entity Name PABST BREWING COMPANY	
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Principal Place of Business 121 Interpark Boulevard, Suite 300 San Antonio, Texas 78216	Mailing Address PO BOX 1661 SAN ANTONIO, TX 78298-1661 US
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DO NOT WRITE IN THIS SPACE

44000100

01072004 No Chg-P CR2E034 (10/03)

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	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

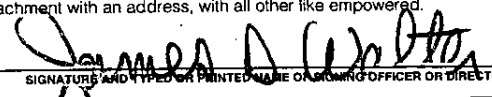
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ORSI, BERNARD A. 74 ST. THOMAS WAY BELVEDERE TIBURON, CA 94920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WALTER, JIM 121 Interpark Boulevard, Suite 300 San Antonio, Texas 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOVALCHUCK, BRIAN D 121 INTERPARK BOULEVARD SUITE 300 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S APALLAS, YEORYIOS C 100 SHORELINE HWY BLDG B SUITE 391 MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIZER, JAMES 121 INTERPARK BOULEVARD, SUITE 300 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RADFKE, WILLIAM J 622 E VIENNA AVENUE MILWAUKEE, WI 53201

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  James D. Walter, C.O.O. 210 299-6971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #