

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002823

FILED
Apr 29, 2009
Secretary of State

Entity Name: OREGON BREWING COMPANY, INC.

Current Principal Place of Business:

2320 OSU DR.
NEWPORT, OR 97365

New Principal Place of Business:

Current Mailing Address:

2320 OSU DR.
NEWPORT, OR 97365

New Mailing Address:

FEI Number: 93-0996650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONBLAT, SANDY
1633 SW 28TH WAY
FORTLAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOYCE, JACK L
Address: 2320 OSU DR.
City-St-Zip: NEWPORT, OR 97365

Title: S () Delete
Name: MAIER, JOHN
Address: 2320 OSU DR.
City-St-Zip: NEWPORT, OR 97365

Title: TD () Delete
Name: SCHULTZ, JEFFRY D
Address: 9700 SW CAPITAL HWY
City-St-Zip: PORTLAND, OR

Title: D () Delete
Name: LAVARIS, TOM
Address: 325 118TH AVE SE STE 106
City-St-Zip: BELLEVUE, WA

Title: D () Delete
Name: MOORE, PETER
Address: 216 NW 15TH
City-St-Zip: PORTLAND, OR

Title: D () Delete
Name: ROSENFELD, WARREN
Address: 2495 NW NICOLAI ST.
City-St-Zip: PORTLAND, OR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOYCE, BRETT M PRESIDE
Address: 2320 OSU DR.
City-St-Zip: NEWPORT, OR 97365

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOYCE, JACK L DIRECTO
Address: 325 118TH AVE SE STE 106
City-St-Zip: BELLEVUE, WA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRETT M. JOYCE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date