

2020 FOREIGN PROFIT CORPORATION 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 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

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, COO
Name MENNEN, J SCOTT
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR
Name KELLY, KEVIN R
Address 7600 SW NORTHVALE WAY
City-State-Zip: PORTLAND OR 97225

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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 REED**SECRETARY****01/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name PARTELOW, DAN
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title CFO, TREASURER
Name PERICH, CHRISTINE N.
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR
Name MILLS, NICKOLAS A.
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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

Title VP
Name SCHAUF, PETER
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR
Name GILBERTSON, MATTHEW
Address 125 WEST 24TH STREET
City-State-Zip: NEW YORK NY 10011

Title VP, ASST. SECRETARY
Name HAHM, DEREK Y.
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227