

**2015 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            CONTROLLER  
Name           O'BRIEN, JOSEPH K  
Address        929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title            SECRETARY  
Name           FRANTZ, MARY ANN  
Address        111 S.W. FIFTH AVENUE, SUITE 3400  
City-State-Zip: PORTLAND OR 97204-3699

Title            VP OF CORPORATE QUALITY  
                 ASSURANCE AND INDUSTRY  
                 RELATIONS  
Name           WIDMER, ROBERT P  
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            DIRECTOR  
Name           CRAMER, MARC J  
Address        BILL HEALY FOUNDATION  
                 PO BOX 4525  
City-State-Zip: PORTLAND OR 97208

Title            DIRECTOR  
Name           LARSON, THOMAS D  
Address        ANHEUSER-BUSCH, INC  
                 ONE BUSCH PLACE  
City-State-Zip: ST LOUIS MO

Title            DIRECTOR  
Name           WIDMER, KURT R  
Address        929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

**Continues on page 2**

*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:** JOSEPH K. O'BRIEN**CONTROLLER****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, CHIEF MARKETING OFFICER  
Name KUNZE, KENNETH C  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title VP, SUPPLY CHAIN AND LOGISTICS  
Name GLICK, JOHN  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title VP, GENERAL MANAGER OF SALES  
Name PARTELOW, DANIEL J  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title DIRECTOR  
Name JOZWIAKOWSKI, RANDALL S  
Address ONE BUSCH PLACE  
City-State-Zip: ST. LOUIS MO 63118

Title VP, BREWERY OPERATIONS  
Name MENNEN, SCOTT J  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title VP, CHIEF OF STAFF  
Name HAHM, DEREK Y  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227

Title VP, GENERAL MANAGER OF SALES  
Name SCHAUF, PETER W  
Address 929 NORTH RUSSELL STREET  
City-State-Zip: PORTLAND OR 97227