

2013 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 CEO
Name MICHAELSON, TERRY E
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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

Title VP O
Name PASTORE, SEBASTIAN V
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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 CFO
Name MORELAND, MARK D
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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

Title PRESIDENT OF COMMERCIAL
OPERATIONS
Name THOMAS , ANDREW J
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

Title ASST SECRETARY
Name SNYDER, MARK R
Address 929 NORTH RUSSELL STREET
City-State-Zip: PORTLAND OR 97227

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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: JOSEPH K O'BRIEN**CONTROLLER****04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOYLE, TIMOTHY P
Address COLUMBIA SPORTSWEAR CO
PO BOX 8307
City-State-Zip: PORTLAND OR 97207

Title DIRECTOR
Name JOHNSON, DONALD E JR.
Address ANHEUSER-BUSCH, INC
ONE BUSCH PLACE
City-State-Zip: ST LOUIS MO 63118

Title DIRECTOR
Name WIDMER, KURT R
Address 929 NORTH 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 DIRECTOR
Name LARSON, THOMAS D
Address ANHEUSER-BUSCH, INC
ONE BUSCH PLACE
City-State-Zip: ST LOUIS MO