

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002498 (4)

1. Corporation Name
OWENS-ILLINOIS, INC.

Principal Place of Business Mailing Address
**ONE SEAGATE, 5TH FLOOR
TOLEDO OH 43686** **ONE SEAGATE, 5TH FLOOR
TOLEDO OH 43686**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/27/1993 **04/11/1994**

4. FEI Number Applied For / Not Applicable
22-2781933

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME **LEMEUX, JOSEPH**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

TITLE VD
NAME **WESSELMANN, LEE A**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

TITLE S
NAME **YOUNG, THOMAS L**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

TITLE AS
NAME **BAEHREN, JAMES W**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

TITLE I
NAME **VAN HOOSER, DAVID**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

TITLE D
NAME **LANGAN, ROBERT J**
STREET ADDRESS **ONE SEAGATE**
CITY - ST - ZIP **TOLEDO OH 43686**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME **AT**
BROWN, L.K.

6.3 STREET ADDRESS **ONE SEAGATE**

6.4 CITY - ST - ZIP **TOLEDO, OH 43686**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: L.K. BROWN **APR 04 1995** 419-247-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone