

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002498 (4)

1. Corporation Name  
OWENS-ILLINOIS, INC.



Principal Place of Business  
ONE SEAGATE, 5TH FLOOR  
TOLEDO OH 43666

Mailing Address  
ONE SEAGATE, 5TH FLOOR  
TOLEDO OH ~~43604-1558~~ 43666-0001

3. Date Incorporated or Qualified  
05/27/1993

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
22-2781933

Applied For  
Not Applicable

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

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LEMIEUX, JOSEPH	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43666	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WESSELMANN, LEE A	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43666	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	YOUNG, THOMAS L	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BAEHREN, JAMES W	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43666	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	VAN HOOSER, DAVID	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BROWN, L.K.	
STREET ADDRESS	ONE SEAGATE	
CITY - ST - ZIP	TOLEDO OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ AT JAN 27 1997 4192471443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)