

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 21, 2008  
Secretary of State

DOCUMENT# F93000002498

Entity Name: OWENS-ILLINOIS, INC.

## Current Principal Place of Business:

ONE MICHAEL OWENS WAY  
PLAZA ONE  
PERRYSBURG, OH 435512999 US

## New Principal Place of Business:

ONE MICHAEL OWENS WAY  
TAX DEPT - PLAZA ONE  
PERRYSBURG, OH 435512999 US

## Current Mailing Address:

ONE MICHAEL OWENS WAY  
PLAZA ONE  
PERRYSBURG, OH 435512999 US

## New Mailing Address:

ONE MICHAEL OWENS WAY  
TAX DEPT - PLAZA ONE  
PERRYSBURG, OH 435512999 US

FEI Number: 22-2781933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: STROUCKEN, ALBERT P  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

Title: CFO ( ) Delete  
Name: WHITE, EDWARD C  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

Title: VPS ( ) Delete  
Name: BAEHREN, JAMES W  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

Title: SRVP ( ) Delete  
Name: CRAWFORD, LESLIE R  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

Title: AT ( ) Delete  
Name: SEIWERT, JAMES R  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

Title: VPT ( ) Delete  
Name: BRAMLAGE, STEPHEN P JR  
Address: ONE MICHAEL OWENS WAY  
City-St-Zip: PERRYSBURG, OH 435512999 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R SEIWERT

AT

02/21/2008

Electronic Signature of Signing Officer or Director

Date