## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000002498

Entity Name: OWENS-ILLINOIS, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:			
TAX DEPT	AEL OWENS \ - PLAZA ONE JRG, OH 4355						
Current Mailing Address:			New Mailir	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 Appli	cable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	ew Registered Agent:		
C T CORPORATION SYSTEM 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:							
	Electroni	c Signature of Registered Agent	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STROUCKEN, A		Title: Name: Address: City-St-Zip:	( ) (	Change()Addition		
Title: Name: Address: City-St-Zip:	WHITE, EDWAR ONE MICHAEL O		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BAEHREN, JAMI ONE MICHAEL C		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CRAWFORD, LE		Title: Name: Address: City-St-Zip:	()(	Change ()Addition		
Title: Name: Address: City-St-Zip:	SEIWERT, JAME ONE MICHAEL O		Title: Name: Address: City-St-Zip:	()(	Change()Addition		
Title: Name: Address: City-St-Zip:	BRAMLAGE, STI		Title: Name: Address: City-St-Zip:	BRAMLAGE, STE ONE MICHAEL O			
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							

SIGNATURE: JAMES R SEIWERT 02/03/2009 ΑT

above, or on an attachment with an address, with all other like empowered.