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Profit Corp.

NON-PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P14052 (5)

1. Corporation Name
OWENS-BROCKWAY GLASS CONTAINER INC.

Principal Place of Business: **ONE SEAGATE ATTN: TAX-5 OSG TOLEDO OH 43666**

Mailing Address: **ONE SEAGATE ATTN: TAX-5 OSG TOLEDO OH 43666**

3. Date Incorporated or Qualified: **04/15/1987**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **22-2784144**

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 (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLINARD, GARY R.	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	VAN HOOSER, DG	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEMIEUX, G. J	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HODGES, JOHN L.	
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	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEMIEUX, JOSEPH H.	
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	

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***200.00

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AT 1-26-96 4192475000

CR2E037 (12/95)