

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 43086	Mailing Address ONE SEAGATE ATTN: TAX-5 OSG TOLEDO OH 43086-0001 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1987

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 22-2784144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINARD, GARY R.	1.2 NAME	
STREET ADDRESS	ONE SEAGATE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOOSER, DG	2.2 NAME	
STREET ADDRESS	ONE SEAGATE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIEUX, G. J	3.2 NAME	
STREET ADDRESS	ONE SEAGATE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, JOHN L.	4.2 NAME	
STREET ADDRESS	ONE SEAGATE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, L.K.	5.2 NAME	James R Seiwert
STREET ADDRESS	ONE SEAGATE	5.3 STREET ADDRESS	One Seagate
CITY-ST-ZIP	TOLEDO OH	5.4 CITY-ST-ZIP	Toledo Ohio 43666
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIEUX, JOSEPH H.	6.2 NAME	
STREET ADDRESS	ONE SEAGATE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *J R Seiwert* 2/12/98 419 247 1443

CR2E034 (10/97)