

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837711

Entity Name: BALL CORPORATION**Current Principal Place of Business:**10 LONGS PEAK DR
BROOMFIELD, CO 80021**Current Mailing Address:**PO BOX 9005
TAX DEPT
BROOMFIELD, CO 80021-0905 US**FEI Number:** 35-0160610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PCEO, DIRECTOR
Name HAYES, JOHN A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title SR VP, CFO
Name MORRISON, SCOTT C
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title SR VP
Name PETERSON, JAMES N
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021

Title VPT
Name KNOBEL, JEFF A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name HOOVER, R DAVID
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP, CONTROLLER, COMPTROLLER
Name BARKER, SHAWN M
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title SR VP
Name STRAIN, ROBERT D
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP, GEN COUNSEL, SECRETARY
Name BAKER, CHARLES E
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SHAWN M. BARKERVICE PRESIDENT &
CONTROLLER

04/04/2017

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SR VP
Name PAULEY, LISA A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name FIEDLER, HANNO
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name SMART, GEORGE M
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name TAYLOR II, STUART A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name HEINRICH, DANIEL
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name ALSPAUGH, ROBERT W
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name NELSON, GEORGIA R
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name SOLSO, T M
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name CAVE, MICHAEL J
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR
Name NIEKAMP, CYNTHIA
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021