

**2019 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 VPT  
Name KNOBEL, JEFFREY A  
Address 10 LONGS PEAK DR  
City-State-Zip: BROOMFIELD CO 80021

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

Title VP, CONTROLLER  
Name CAREY, NATE C  
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

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

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*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:** NATE C CAREY

VP, CONTROLLER

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ALSPAUGH, ROBERT W  
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

Title DIRECTOR  
Name MARIANI, PEDRO ENRIQUE  
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 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 SR VP  
Name FISHER, DANIEL W  
Address 9300 W 108TH CIRCLE  
City-State-Zip: WESTMINSTER CO 80021

Title DIRECTOR  
Name ROSS, CATHY D  
Address 10 LONGS PEAK DR  
City-State-Zip: BROOMFIELD CO 80021