

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001708

Entity Name: O-I LATAM HQ, INC.**Current Principal Place of Business:**ONE MICHAEL OWENS WAY
PERRYSBURG, OH 43551**Current Mailing Address:**ONE MICHAEL OWENS WAY
PERRYSBURG, OH 43551**FEI Number:** 27-4401781**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name BAEHREN, JAMES W
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

Title DIRECTOR
Name JARRELL, PAUL A
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

Title PRESIDENT
Name GALINDO, SERGIO B.O.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

Title SECRETARY
Name O'HARA, JOSEPH J JR.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

Title TREASURER
Name JOHNSON, DAVID C.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

Title ASST. TREASURER
Name BEDRAN, LAUREN
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551

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: LAUREN BEDRAN

ASST. TREASURER

04/14/2016

Electronic Signature of Signing Officer/Director Detail_____
Date