

**2018 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 WILKINSON, MARY BETH  
Address ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

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

Title PRESIDENT  
Name ALVAREZ, MIGUEL I.  
Address ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

Title VP  
Name BERTSCH, JAN A.  
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

AT

04/22/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date