

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002498

Entity Name: OWENS-ILLINOIS, INC.

Current Principal Place of Business:

ONE MICHAEL OWENS WAY
TAX DEPT - PLAZA ONE
PERRYSBURG, OH 43551-2999

Current Mailing Address:

ONE MICHAEL OWENS WAY
TAX DEPT - PLAZA ONE
PERRYSBURG, OH 43551-2999 US

FEI Number: 22-2781933

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 CEO
Name STROUCKEN, ALBERT P
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title TREASURER
Name AMEZQUITA, JUAN
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title VPS
Name BAEHREN, JAMES W
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title VP
Name DE WEERT, ARNAUD
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title ASST. TREASURER
Name FLANNAGAN, JULIE A
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title CFO
Name BRAMLAGE, STEPHEN PJR
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

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: JULIE A FLANNAGAN

AT

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date