## 2016 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

FILED Apr 14, 2016

**Secretary of State** 

CC9099448351

## Officer/Director Detail:

Title EXECUTIVE CHAIRMAN Title TREASURER AND VP, INVESTOR

RELATIONS

Name STROUCKEN, ALBERT P

Name JOHNSON, DAVID C.

Address ONE MICHAEL OWENS WAY

Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

City-State-Zip: PERRYSBURG OH 43551-2999

Title SVP AND GENERAL COUNSEL

Name BAEHREN, JAMES W Name LOPEZ, ANDRES A.

Address ONE MICHAEL OWENS WAY

Address ONE MICHAEL OWENS WAY

City-State-Zip: PERRYSBURG OH 43551-2999 City-State-Zip: PERRYSBURG OH 43551-2999

Title ASST. TREASURER Title SVP AND CFO

Name BEDRAN, LAUREN Name BERTSCH, JAN A
Address ONE MICHAEL OWENS WAY

City-State-Zip: PERRYSBURG OH 43551-2999

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.

Electronic Signature of Signing Officer/Director Detail