

2018 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 CHAIRMAN
Name WILLIAMS , CAROL A.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title TREASURER AND VP, INVESTOR RELATIONS
Name JOHNSON, DAVID C.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title SVP AND GENERAL COUNSEL
Name WILKINSON, MARY BETH
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

Title CEO AND PRESIDENT
Name LOPEZ, ANDRES A.
Address ONE MICHAEL OWENS WAY
City-State-Zip: PERRYSBURG OH 43551-2999

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

Title SVP AND CFO
Name BERTSCH, JAN A
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: LAUREN BEDRAN

AT

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date