

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14052

**Entity Name:** OWENS-BROCKWAY GLASS CONTAINER INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 22-2784144

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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 COO  
Name LOPEZ, ANDRES A.  
Address ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551-2999

Title CFO  
Name HAUDRICH, JOHN A  
Address ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551-2999

Title CEO  
Name STROUCKEN, ALBERT P  
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 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

*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

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date