

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001407 (4)

1. Corporation Name

OWENS-BROCKWAY PLASTIC PRODUCTS, INC.



Principal Place of Business

Mailing Address

ONE SEAGATE  
TOLEDO OH 43666

ONE SEAGATE  
TOLEDO OH 43666

3. Date Incorporated or Qualified  
03/23/1995

3a. Date of Last Report  
N/A Initial

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-2097550

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 AHN: Tax-5

27 AHN: Tax-5

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILKISON, TERRY L	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43666	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOUNG, THOMAS L	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43666	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAEHRN, JAMES W	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43666	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESSELMANN, LEE A	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43666	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUMBULL, R S	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43666	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	Brown, L.K.	
STREET ADDRESS	One Seagate	
CITY-ST-ZIP	Toledo Ohio 43666	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AT 1/26/96 4192475000  
Date Daytime Phone

CR2E034 (12/95)