

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001708

**Entity Name:** O-I LATAM HQ, INC.

**Current Principal Place of Business:**

ONE MICHAEL OWENS WAY  
PERRYSBURG, OH 43551

**Current Mailing Address:**

ONE MICHAEL OWENS WAY  
PERRYSBURG, OH 43551

**FEI Number:** 27-4401781

**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           DIRECTOR  
Name           ABRAHAMS, DARROW A.  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

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

Title           PRESIDENT  
Name           CASTRILLON, SANTIAGO  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

Title           VP  
Name           REYNOLDS III., JOHN W.  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

Title           TREASURER  
Name           DAFESH , MEENA  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

Title           ASST. TREASURER  
Name           GEDRIS , SCOTT  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

Title           ASSISTANT TREASURER  
Name           THIE, CHRISTOPHER  
Address        ONE MICHAEL OWENS WAY  
City-State-Zip: PERRYSBURG OH 43551

*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:** CHRISTOPHER THIE

**ASSISTANT TREASURER   04/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date