

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005049

**Entity Name:** INSPIRE MEDICAL SYSTEMS, INC.

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**0588882569CC**

**Current Principal Place of Business:**

5500 WAYZATA BLVD, SUITE 1600  
GOLDEN VALLEY, MN 55416

**Current Mailing Address:**

5500 WAYZATA BLVD, SUITE1600  
GOLDEN VALLEY, MN 55416 US

**FEI Number: 26-1377674**

**Certificate of Status Desired: No**

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

CT 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 P, CEO, S, T, D  
Name HERBERT, TIMOTHY P  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title SVP, EXTERNAL OPERATIONS  
Name BAN, RANDY A  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title CFO  
Name BUCHHOLZ, RICK  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title VP OF RESEARCH  
Name NI, QUAN  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title D  
Name GRIFFIN, JERRY  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title D  
Name MEAD, DANA  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title D  
Name TANSEY, CASEY  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title D  
Name JAIN, MUDIT  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

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*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: RICK BUCHHOLZ**

**CFO**

**02/11/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name KHUONG, CHAU  
Address 5500 WAYZATA BLVD, SUITE 1600200  
City-State-Zip: GOLDEN VALLEY MN 55416

Title DIRECTOR  
Name NELSON, MARILYN CARLSON  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title DIRECTOR  
Name ERONY, JOYCE  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416

Title DIRECTOR  
Name MCCORMICK, SHAWN T.  
Address 5500 WAYZATA BLVD, SUITE 1600  
City-State-Zip: GOLDEN VALLEY MN 55416