

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005049

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC8243108115**

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

**Current Principal Place of Business:**

9700 63RD AVENUE NORTH STE 200  
MAPLE GROVE, MN 55369

**Current Mailing Address:**

9700 63RD AVENUE NORTH STE 200  
MAPLE GROVE, MN 55369 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 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title SVP, EXTERNAL OPERATIONS  
Name BAN, RANDY A  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title VP OF PRODUCT DEVELOPMENT  
Name BUCHHOLZ, RICK  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title VP OF RESEARCH  
Name NI, QUAN  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name NELSON, GLEN D MD  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name GRIFFIN, JERRY  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name SCHUCK, EDWARD  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name MEAD, DANA  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

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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:** TIMOTHY P. HERBERT

**PRESIDENT**

**04/14/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name TANSEY, CASEY  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name JAIN, MUDIT  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name FLETCHER, MARK  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369

Title D  
Name KHUONG, CHAU  
Address 9700 63RD AVENUE NORTH STE 200  
City-State-Zip: MAPLE GROVE MN 55369