

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005049

Entity Name: INSPIRE MEDICAL SYSTEMS, INC.

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 CFO
Name BUCHHOLZ, RICK
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 DIRECTOR
Name NELSON, MARILYN CARLSON
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

Title D
Name ELLIS, GARY L
Address STE 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

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name GARINOIS-MELENIKIOTOU, GEORGIA
Address STE 1600
City-State-Zip: GOLDEN VALLEY MN 55416

Title DIRECTOR
Name BURKS, CYNTHIA B
Address 5500 WAYZATA BLVD, SUITE 1600
City-State-Zip: GOLDEN VALLEY MN 55416

Title DIRECTOR
Name BROADER, SHELLEY
Address 5500 WAYZATA BLVD
STE 1600
City-State-Zip: MINNEAPOLIS MN 55416

Title DIRECTOR
Name SPARKS, CHARISSE Y M.D.
Address 5500 WAYZATA BLVD, SUITE 1600
City-State-Zip: GOLDEN VALLEY MN 55416