

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005049

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 CFO
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 GRIFFIN, JERRY
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

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

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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

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name NELSON, MARILYN CARLSON
Address 9700 63RD AVENUE NORTH STE 200
City-State-Zip: MAPLE GROVE MN 55369

Title DIRECTOR
Name ERONY, JOYCE
Address 9700 63RD AVENUE NORTH STE 200
City-State-Zip: MAPLE GROVE MN 55369

Title DIRECTOR
Name MCCORMICK, SHAWN T.
Address 9700 63RD AVENUE NORTH STE 200
City-State-Zip: MAPLE GROVE MN 55369