

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004148

FILED
Jan 06, 2012
Secretary of State

Entity Name: INOGEN,INC.

Current Principal Place of Business:

326 BOLLAY DRIVE
GOLETA, CA 93117

New Principal Place of Business:

Current Mailing Address:

326 BOLLAY DRIVE
GOLETA, CA 93117

New Mailing Address:

FEI Number: 33-0989359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCFO
Name: HUGGENBERGER, RAY
Address: 1032 VALLEY SIDE LANE
City-St-Zip: ENCINITAS, CA 92024

Title: STCF
Name: BAUERLEIN, ALISON K
Address: 409 OLD COAST HWY #B
City-St-Zip: SANTA BARBARA, CA 93103

Title: C
Name: LUKATCH, HEATH
Address: 1700 OWENS STREET, SUITE 540
City-St-Zip: SAN FRANCISCO, CA 94158

Title: D
Name: COOPER, STEVE
Address: 54278 INVERNESS WAY
City-St-Zip: LA QUINTA, CA 922535606

Title: D
Name: LINK, WILLIAM
Address: 450 NEWPORT CENTER DR., STE 600
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D
Name: PETERSEN, TIMOTHY
Address: 334 EAST WASHINGTON STREET
City-St-Zip: ANN ARBOR, MI 48104

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: ALISON KAY BAUERLEIN

CFO

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date