

**2026 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000004148

**Entity Name:** INOGEN,INC.

**Current Principal Place of Business:**

500 CUMMINGS CENTER  
SUITE 2800  
BEVERLY, MA 01915

**Current Mailing Address:**

500 CUMMINGS CENTER  
SUITE 2800  
BEVERLY, MA 01915 US

**FEI Number:** 33-0989359

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN  
Name MORA, ELIZABETH (BETH)  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name BOEHNLEIN, GLENN  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name RIDER, HEATHER  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name KING, KEVIN  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title SECRETARY  
Name SMITH, KEVIN P.  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR, PRESIDENT  
Name SMITH, KEVIN R.M.  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name LADONE, MARY KATHERINE (MARY KAY)  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name SAHNEY, MIRA  
Address 500 CUMMINGS CENTER  
SUITE 2800  
City-State-Zip: BEVERLY MA 01915

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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:** KEVIN P. SMITH

**SECRETARY**

**02/03/2026**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           BOURQUE, MICHAEL  
Address        500 CUMMINGS CENTER  
                  SUITE 2800  
City-State-Zip: BEVERLY MA 01915