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APPROVED AND FILED

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22902 (1)

1. Corporation Name
HAEMONETICS CORPORATION

Principal Place of Business

**400 WOOD ROAD
BRAintree MA 02184**

Mailing Address

**400 WOOD ROAD
BRAintree MA 02184**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/07/1989** 3a. Date of Last Report **04/14/1994**

4. FEI Number **04-2882273** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, JOHN F.
STREET ADDRESS	99 LAZELL STREET
CITY - ST - ZIP	HINGHAM MA
TITLE	VD
NAME	PETERSON, JAMES L.
STREET ADDRESS	ROUTE DE CILIGNY
CITY - ST - ZIP	FOUNEX SWITZERLAND
TITLE	D
NAME	ROBERTSON, JERRY E
STREET ADDRESS	3M CO- LIFE SCIENCE -BLDG 220-14E-15
CITY - ST - ZIP	ST. PAUL MN
TITLE	S
NAME	LOPEZ, ALICIA
STREET ADDRESS	138 CHAPMAN ST
CITY - ST - ZIP	CANTON MA
TITLE	CFO
NAME	ARMSTRONG, J NEAL
STREET ADDRESS	20 CEDAR RIDGE RD
CITY - ST - ZIP	N ATTLEBORO MA
TITLE	D
NAME	WILLIAMSON, DONNA C
STREET ADDRESS	CARMARK INT'L 2215 SANDERS RD
CITY - ST - ZIP	NORTHBROOK IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	87 CHAPMAN ST
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE J. Neal Armstrong 4/5/95 Date