

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

FILED
Feb 23, 2011
Secretary of State

Entity Name: HAEMONETICS CORPORATION

Current Principal Place of Business:

400 WOOD ROAD
BRAINTREE, MA 02184

New Principal Place of Business:

Current Mailing Address:

400 WOOD ROAD
BRAINTREE, MA 02184

New Mailing Address:

FEI Number: 04-2882273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: CONCANNON, BRIAN
Address: 400 WOOD ROAD
City-St-Zip: BRAINTREE, MA 02184

Title: CFO
Name: LINDOP, CHRISTOPHER
Address: 400 WOOD ROAD
City-St-Zip: BRAINTREE, MA 02184

Title: SEC
Name: LOPEZ, ALICIA R
Address: 400 WOOD ROAD
City-St-Zip: BRAINTREE, MA 02184

Title: DIR
Name: GRANADILLO, PEDRO P
Address: 7218 TORY LANE
City-St-Zip: NAPLES, FL 34108

Title: DIR
Name: BEST, LAWRENCE C
Address: 201 JONES ROAD
City-St-Zip: WALTHAM, MA 02451

Title: DIR
Name: KROLL, MARK
Address: 801 TONKAWA ROAD
City-St-Zip: CRYSTAL BAY, MN 55323

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: ALICIA R. LOPEZ

SEC

02/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date