

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P22902 (1)

1. Corporation Name
HAEMONETICS CORPORATION



Principal Place of Business Mailing Address
400 WOOD ROAD BRAINTREE MA 02184

3. Date Incorporated or Qualified **02/07/1989** 3a. Date of Last Report **04/24/1995**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

Signature typed or printed name of registered agent (last first, last name) (for Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN F.	
STREET ADDRESS	99 LAZELL STREET	
CITY - ST - ZIP	HINGHAM MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERSON, JAMES L.	
STREET ADDRESS	ROUTE DE CILIGNY	
CITY - ST - ZIP	FOUNEX SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JERRY E	
STREET ADDRESS	3M CO- LIFE SCIENCE -BLDG 220-14E-15	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOPEZ, ALICIA	
STREET ADDRESS	87 CHAOMAN ST	
CITY - ST - ZIP	CANTON MA	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, J NEAL	
STREET ADDRESS	20 CEDAR RIDGE RD	
CITY - ST - ZIP	N ATTLEBORO MA	
TITLE	D	<input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CFO, Brigid Makes
53 STREET ADDRESS	124 Lowe 11 St.
54 CITY - ST - ZIP	Reading, MA 01867
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: *Brigid A. Makes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

Daytime Phone #

CR2E034 (12/95)