

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

**FILED
Apr 29, 2015
Secretary of State
CC9554498170**

Entity Name: HAEMONETICS CORPORATION

Current Principal Place of Business:

400 WOOD ROAD
BRAINTREE, MA 02184

Current Mailing Address:

400 WOOD ROAD
BRAINTREE, MA 02184 US

FEI Number: 04-2882273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name FOOTE, SUSAN B
Address 9 CROCUS HILL
City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR
Name GELBMAN, RONALD G
Address 459 MEADOW LARK DRIVE
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name GRANADILLO, PEDRO P
Address 7218 TORY LANE
City-State-Zip: NAPLES FL 341088790

Title DIRECTOR
Name MERRIMAN, RONALD L
Address 27 SAN SOVINO
City-State-Zip: NEWPORT COAST CA 92657

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

Title DIRECTOR
Name CONCANNON, BRIAN
Address 400 WOOD ROAD
City-State-Zip: BRAINTREE MA 02184

Title DIRECTOR
Name MEELIA, RICHARD J
Address 26 PATRIOT PLACE
City-State-Zip: FOXBORO MA 02035

Title DIRECTOR
Name ZANE, ELLEN
Address TUFTS MEDICAL CENTER
City-State-Zip: BOSTON MA 02111

Continues on page 2

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: SANDRA L. JESSE

SECRETARY

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name CONCANNON, BRIAN
Address 400 WOOD ROAD
City-State-Zip: BRAintree MA 02184

Title OFFICER
Name KUMAR, RIJU V
Address 400 WOOD ROAD
City-State-Zip: BRAintree MA 02184

Title DIRECTOR
Name DOCKENDORFF, CHARLES J
Address COVIdIEN
15 HAMPSHIRE STREET
City-State-Zip: MANSFIELD MA 02048

Title OFFICER
Name LINDOP, CHRISTOPHER J
Address 400 WOOD ROAD
City-State-Zip: BRAintree MA 02184

Title OFFICER
Name JESSE, SANDRA L
Address 400 WOOD ROAD
City-State-Zip: BRAintree MA 02184