

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22902

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC7027039763**

**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 INTERIM PRESIDENT, CEO  
Name GELBMAN, RONALD G.  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

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

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

Title DIRECTOR  
Name DOCKENDORFF, CHARLES J  
Address 10 PENICK KNOLL  
City-State-Zip: PLYMOUTH MA 02048

Title DIRECTOR  
Name FOOTE, SUSAN BARTLETT  
Address 9 CROCUS HILL  
City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR  
Name GRANADILLO, PEDRO P.  
Address 7218 TORY LANE  
City-State-Zip: NAPLES FL 34108-8790

Title DIRECTOR  
Name KROLL, MARK  
Address BOX 23  
City-State-Zip: CRYSTAL BAY MN

Title DIRECTOR  
Name MEELIA, RICHARD J.  
Address 45 COMMONWEALTH AVE. #4  
City-State-Zip: BOSTON MA 02116

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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:** SANDRA L JESSE

**SECRETARY**

**04/05/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           DIRECTOR  
Name           ZANE, ELLEN  
Address        TUFTS MEDICAL CENTER  
                  800 WASHINGTON STREET, #451  
City-State-Zip: BOSTON MA 02111