

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22902

**FILED  
Apr 21, 2017  
Secretary of State  
CC5104571076**

**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 SECRETARY  
Name BASIL, MICHELLE L.  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

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

Title RULE 144 AFFILIATE  
Name OLSON, DAVID  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

Title DIRECTOR  
Name GELBMAN, RONALD G.  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

Title DIRECTOR  
Name BURZIK, CATHERINE M  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

Title DIRECTOR  
Name SIMON, CHRISTOPHER  
Address 400 WOOD ROAD  
City-State-Zip: BRAintree MA 02184

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

**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: MICHELLE L. BASIL**

**SECRETARY**

**04/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KROLL, MARK  
Address BOX 23  
City-State-Zip: CRYSTAL BAY MN 55323

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

Title PRESIDENT  
Name SIMON, CHRISTOPHER  
Address 400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184

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

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

Title TREASURER  
Name GRIECO, SUSAN  
Address 400 WOOD ROAD  
City-State-Zip: BRAINTREE MA 02184