

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

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

Title TREASURER
Name BURKE, WILLIAM PATRICK
Address 400 WOOD ROAD
City-State-Zip: BRAintree MA 02184

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

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

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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: WILLIAM PATRICK BURKE

TREASURER

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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