

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

Entity Name: HAEMONETICS CORPORATION

Current Principal Place of Business:

125 SUMMER STREET
BOSTON, MA 02110

Current Mailing Address:

125 SUMMER STREET
BOSTON, MA 02110 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 COYLE, MICHAEL J.
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title SENIOR CORPORATE COUNSEL
Name POWERS, THOMAS
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name POMEROY, CLAIRE
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title OFFICER
Name STRASSNER, THOMAS
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name ABERNATHY, ROBERT E.
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title OFFICER
Name BASIL, MICHELLE L.
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name SIMON, CHRISTOPHER
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name BURZIK, CATHERINE M
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

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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: CATHERINE M BURZIK

DIRECTOR

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name BURKE, WILLIAM PATRICK
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

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

Title DIRECTOR
Name MEELIA, RICHARD J.
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title OFFICER
Name SIMON, CHRISTOPHER
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110

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

Title DIRECTOR
Name KROLL, MARK
Address 125 SUMMER STREET
City-State-Zip: BOSTON MA 02110