

**2023 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 DIRECTOR  
Name POMEROY, CLAIRE  
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 SECRETARY  
Name BASIL, MICHELLE L.  
Address 125 SUMMER STREET  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER  
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

Title DIRECTOR  
Name DOCKENDORFF, CHARLES J  
Address 125 SUMMER STREET  
City-State-Zip: BOSTON MA 02110

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

**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:** BASIL, MICHELLE L.

**SECRETARY**

**03/03/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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