

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mprtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22902

(1)

1. Corporation Name
HAEMONETICS CORPORATION



Principal Place of Business Mailing Address
**400 WOOD ROAD 400 WOOD ROAD
BRAINTREE MA 02184 BRAINTREE MA 02184-2412**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/07/1989 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	04-2882273	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOHN F.	1.2 NAME	
STREET ADDRESS	99 LAZELL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HINGHAM MA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, JAMES L.	2.2 NAME	
STREET ADDRESS	ROUTE DE CILIGNY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNEX SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JERRY E	3.2 NAME	
STREET ADDRESS	3M CO- LIFE SCIENCE -BLDG 220-14E-15	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ALICIA	4.2 NAME	
STREET ADDRESS	87 CHAOMAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGID MAKES	5.2 NAME	
STREET ADDRESS	129 LOWELL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	READING MA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, DONNA C	6.2 NAME	
STREET ADDRESS	CARMARK INT'L 2215 SANDERS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X* **BRIGID MAKES** **REQUIRED** **4-10-97** **(617)848-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000425

CR2E034 (9/96)