

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P22902 (1)**  
 1. Corporation Name  
**HAEMONETICS CORPORATION**



Principal Place of Business <b>400 WOOD ROAD BRAintree MA 02184</b>	Mailing Address <b>400 WOOD ROAD BRAintree MA 02184</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/07/1989</b>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>04-2882273</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

14. I 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: *Brigid Makes*

CR2E034 (10/97)

**Haemonetics Corporation**  
**Listing of Officers and Board of Directors**

**OFFICERS:**

John F. White	President	99 Lazell Street, Hingham, MA 02043
Alicia R. Lopez	Clerk	87 Chapman Street, Canton, MA 02021
Brigid Makes	CFO(acting)	129 Lowell Street, Reading, MA 01867

**BOARD OF DIRECTORS:**

Jerry E. Robertson	3M Company-Life Science Bldg, 220-14E-15, St. Paul, MN 55144
James L. Peterson	Route de Divonne, 1260 Nyon, Switzerland
John F. White	400 Wood Road, Braintree, MA 02184
Dr. Yutaka Sakurada	10 Ichiban-cho, Chiyoda-ku, Tokyo 102, Japan
Sir Stuart Burgess	Flint Barn CT, Church St., Amersham, Buckinghamshire, England
Donna C.E. Williamson	345 Birch Street, Winnetka, IL 60063