

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90031 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P22902**

1. Corporation Name  
**HAEMONETICS CORPORATION**



Principal Place of Business  
 400 WOOD ROAD  
 BRAINTREE MA 02184

Mailing Address  
 400 WOOD ROAD  
 BRAINTREE MA 02184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/07/1989**

4. FEI Number  
**04-2882273**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

**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 **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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, JOHN F.	
STREET ADDRESS	99 LAZELL STREET	
CITY-ST-ZIP	HINGHAM MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERSON, JAMES L.	
STREET ADDRESS	ROUTE DE CILIGNY	
CITY-ST-ZIP	FOUNEX SWITZERLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JERRY E	
STREET ADDRESS	3M CO- LIFE SCIENCE -BLDG 220-14E-15	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOPEZ, ALICIA	
STREET ADDRESS	87 CHAOMAN ST	
CITY-ST-ZIP	CANTON MA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BRIGID MAKES	
STREET ADDRESS	129 LOWELL ST	
CITY-ST-ZIP	READING MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, DONNA C	
STREET ADDRESS	CARMARK INT'L 2215 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*Please see attached schedule*

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 with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 1/21/99 **Daytime Phone #** 781-356 9253

CR2E034 (11/98)

246410-90031-31  
P22902

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

**OFFICERS:**

James L. Peterson	President	20 Rowes Wharf Unit #409, Boston, MA 02110
Alicia R. Lopez	Clerk	87 Chapman Street, Canton, MA 02021
Ronald J. Ryan	CFO, Treasurer	19 Suffolk Road, Sudbury, MA 01776

**BOARD OF DIRECTORS:**

Benjamin L. Holmes	80 Hunters Ridge Road, Concord, MA 01742
Harvey G. Klein, MD	6 Willow Gate Ct., Bethesda, MD 20817
Colin Lind	121 San Carlos Ave, Sausalito, CA 94965
Jerry E. Robertson	43 Seawatch Lake Drive, Boca Grande, FL 33921
James L. Peterson	400 Wood Road, Braintree, MA 02184
Dr. Yutaka Sakurada	YGT 2-417, 4-20-2, Ebisu, Shibuya-ku, Tokyo 150-0013, Japan
Sir Stuart Burgess	Flint Barn CT, Church St., Amersham, Buckinghamshire, England HP70DB
Donna C.E. Williamson	345 Birch Street, Winnetka, IL 60063