

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

FILED
Feb 06, 2006
Secretary of State

Entity Name: HAEMONETICS CORPORATION

Current Principal Place of Business:

400 WOOD ROAD
BRAINTREE, MA 02184

New Principal Place of Business:

Current Mailing Address:

400 WOOD ROAD
BRAINTREE, MA 02184

New Mailing Address:

FEI Number: 04-2882273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NUTTER, BRAD
Address: 118 HUNTINGTON AVE
City-St-Zip: BOSTON, MA 02116

Title: CFO () Delete
Name: RYAN, RONALD J
Address: 19 SUFFOLK RD
City-St-Zip: SUDBURY, MA 01776

Title: SEC () Delete
Name: LOPEZ, ALICIA R
Address: 87 CHAPMAN ST.
City-St-Zip: CANTON, MA 02021

Title: DIR () Delete
Name: GRANADILLO, PEDRO P
Address: 519 EAST VERMONT ST.
City-St-Zip: INDIANAPOLIS, IN 46202

Title: DIR () Delete
Name: BEST, LAWRENCE C
Address: 3 COMMONWEALTH AVE
City-St-Zip: BOSTON, MA 02116

Title: DIR () Delete
Name: MATRICARIA, RONALD A
Address: 9167 E. HAPPY HOLLOW DR.
City-St-Zip: SCOTTSDALE, AZ 85262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICIA R. LOPEZ

SEC

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date