

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22902

FILED  
Apr 15, 2009  
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: LINDOP, CHRISTOPHER  
Address: 180 POPE ROAD  
City-St-Zip: ACTON, MA 01720

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: KROLL, MARK  
Address: PO BOX 23  
City-St-Zip: CRYSTAL BAY, MN 55323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CONCANNON, BRIAN  
Address: 235 RIVER STREET  
City-St-Zip: NORWELL,, MA 01752

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  
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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date