

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004889

FILED
Jan 17, 2012
Secretary of State

Entity Name: MACERICH MANAGEMENT COMPANY

Current Principal Place of Business:

401 WILSHIRE BLVD STE 700
SANTA MONICA, CA 90401

New Principal Place of Business:

Current Mailing Address:

401 WILSHIRE BLVD STE 700
SANTA MONICA, CA 90401

New Mailing Address:

FEI Number: 95-3776945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: DC
Name: COPPOLA, ARTHUR M
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

Title: CEO
Name: COPPOLA, ARTHUR M
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

Title: DVPS
Name: BAYER, RICHARD A
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

Title: DVPT
Name: O'HERN, THOMAS E
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

Title: CFO
Name: O'HERN, THOMAS E
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

Title: P
Name: COPPOLA, EDWARD C
Address: 401 WILSHIRE BLVD STE 700
City-St-Zip: SANTA MONICA, CA 90401

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A. BAYER

DVPS

01/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date