

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2015
Secretary of State
CC3367091830

Entity Name: MACERICH MANAGEMENT COMPANY

Current Principal Place of Business:

401 WILSHIRE BLVD STE 700
SANTA MONICA, CA 90401

Current Mailing Address:

401 WILSHIRE BLVD STE 700
SANTA MONICA, CA 90401

FEI Number: 95-3776945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

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

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

Title DVPS
Name LEANSE, THOMAS J
Address 401 WILSHIRE BLVD STE 700
City-State-Zip: SANTA MONICA CA 90401

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

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

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

Title VP, ASST. SECRETARY
Name SHANNON, MADONNA R
Address 401 WILSHIRE BLVD STE 700
City-State-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: MADONNA R. SHANNON

SVP & ASST. SECRETARY 01/06/2015

Electronic Signature of Signing Officer/Director Detail

Date