2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004889

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Jan 27, 2016

Secretary of State

CC9227830382

Officer/Director Detail:

Title **CHAIRMAN** Title CEO

COPPOLA, ARTHUR M Name COPPOLA, ARTHUR M Name

401 WILSHIRE BLVD STE 700 Address 401 WILSHIRE BLVD STE 700 Address City-State-Zip: SANTA MONICA CA 90401 SANTA MONICA CA 90401

DVPT Title Title **DVPS**

Name O'HERN, THOMAS E Name LEANSE, THOMAS J

Address 401 WILSHIRE BLVD STE 700 Address 401 WILSHIRE BLVD STE 700 SANTA MONICA CA 90401 City-State-Zip: City-State-Zip: SANTA MONICA CA 90401

Title CFO Title

Name COPPOLA, EDWARD C O'HERN, THOMAS E Name

Address 401 WILSHIRE BLVD STE 700 401 WILSHIRE BLVD STE 700 Address City-State-Zip: SANTA MONICA CA 90401 SANTA MONICA CA 90401 City-State-Zip:

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: THOMAS J LEANSE

SECRETARY

01/27/2016