

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004889

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC5117270961**

**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 CHAIRMAN  
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

*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**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date