

# 2001 UNIFORM BUSINESS REPORT (UBR)

0591363

150.00  
FILED  
01 APR 16 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001708

1. Entity Name  
**MACERICH PROPERTY EQ GP CORP.**

Principal Place of Business 401 WILSHIRE BLVD SANTA MONICA CA 90401	Mailing Address 401 WILSHIRE BLVD SANTA MONICA CA 90401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>95-4680884</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>RD PRESIDENT and Director</b> <input type="checkbox"/> Delete	NAME <b>COPPOLA, ARTHUR</b>
STREET ADDRESS <b>401 WILSHIRE BLVD</b>	
CITY-ST-ZIP <b>SANTA MONICA CA</b>	
TITLE <b>Exec. VP, General Counsel &amp; Secretary, Director</b> <input type="checkbox"/> Delete	NAME <b>BAYER, RICHARD</b>
STREET ADDRESS <b>401 WILSHIRE BLVD</b>	
CITY-ST-ZIP <b>SANTA MONICA CA</b>	
TITLE <b>Exec VP CFO &amp; Treasurer, Director</b> <input type="checkbox"/> Delete	NAME <b>O'HERN, THOMAS</b>
STREET ADDRESS <b>401 WILSHIRE BLVD</b>	
CITY-ST-ZIP <b>SANTA MONICA CA</b>	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>100004036731-9</b>	
CITY-ST-ZIP <b>-04/20/01--01102--025</b>	
<b>***291.25 ***150.00</b>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President and Asst. Secretary  
Date \_\_\_\_\_ Daytime Phone # **(310) 394-6000**

CR2E034 (10/00)