

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001708

FILED
Apr 06, 2006
Secretary of State

Entity Name: MACERICH PROPERTY EQ GP CORP.

Current Principal Place of Business:

401 WILSHIRE BLVD.
SUITE 700
SANTA MONICA, CA 90401

New Principal Place of Business:

Current Mailing Address:

401 WILSHIRE BLVD.
SUITE 700
SANTA MONICA, CA 90401

New Mailing Address:

FEI Number: 95-4680884 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPPOLA, ARTHUR
Address: 401 WILSHIRE BLVD
City-St-Zip: SANTA MONICA, CA

Title: VSD () Delete
Name: BAYER, RICHARD
Address: 401 WILSHIRE BLVD
City-St-Zip: SANTA MONICA, CA

Title: VTD () Delete
Name: O'HERN, THOMAS
Address: 401 WILSHIRE BLVD
City-St-Zip: SANTA MONICA, CA

Title: ASV () Delete
Name: SHANNON, MADONNA R
Address: 401 WILSHIRE BLVD. #700
City-St-Zip: SANTA MONICA, CA 90401

Title: VC () Delete
Name: ANDERSON, DANA K
Address: 401 WILSHIRE BLVD. #700
City-St-Zip: SANTA MONICA, CA 90401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MADONNA R. SHANNON

ASV

04/06/2006

Electronic Signature of Signing Officer or Director

_____ Date