


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90173 021 \*\*\*150.00

<b>DOCUMENT # F98000001708</b> 1. Entity Name MACERICH PROPERTY EQ GP CORP.	
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Principal Place of Business 401 WILSHIRE BLVD. SUITE 700 SANTA MONICA, CA 90401	Mailing Address 401 WILSHIRE BLVD. SUITE 700 SANTA MONICA, CA 90401
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**94069190**



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-4680884</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPOLA, ARTHUR 401 WILSHIRE BLVD SANTA MONICA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAYER, RICHARD 401 WILSHIRE BLVD SANTA MONICA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD O'HERN, THOMAS 401 WILSHIRE BLVD SANTA MONICA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV SHANNON, MADONNA R 401 WILSHIRE BLVD. #700 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANDERSON, DANA K 401 WILSHIRE BLVD. #700 SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Madonna R. Shannon, V.P.  
and Assistant Secretary

04/09/04

(310)899-6433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #