


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001708 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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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4680884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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04/18/05-80041-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Madonna R. Shannon, V.P. and Assistant Secretary	04/ /05 (310)899-6433
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