2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000001708 **DOCUMENT#**

1. Entity Name MACERICH PROPERTY EQ GP CORP.



04-03-2003 90142 031 ***150.00

FILED	
Apr 03, 2003 8:00 a	m
Secretary of State	

Principal Place	e of Business	Mailing Address 401 WILSHIRE BLVD.				,			
SUITE 700	E BLVD.	SUITE 700				1			
SANTA MONICA CA 90401		SANTA MONICA CA 904	IO1						
O	0. 0. 00 TO	orative more on on our							
2 Principal F	Place of Business	3. Mailing Address							
	ilshire Blvd.	401 Wilshire	B1vd						
		Suite, Apt. #, etc.			-	_			
		Suite 700				☐ CHECK HERE IF MAKING CHANGES			
		City & State			4. FF	4. FEI Number 05_400004		Applied For	
		· ·	Santa Monica, CA		"	4. FEI Number 95-4680884		Not Applicable	
Zip	Country	Zip	Country		<u> </u>		\$8.75	Additional	
90401	USA	90401	USA		5. C	ertificate of Status Desired	Fee Req		
	6. Name and Address of Current		1 00.		7. Na	ame and Address of New Registered	Agent		
			· · · · · ·	Name -		<u> </u>			
C T COR	PORATION SYSTEM			. <u></u>			·		
1200 SO	UTH PINE ISLAND ROAD			Street Address	s (P.O. Bo	x Number is Not Acceptable)			
	ION FL 33324				_				
FLANTAI	ION I'L 33324								
				City		F	Zip (Code	
				L					
	named entity submits this statement folions of registered agent.	in the purpose of changing it	s register	sa office of registr	ered ager	in, or both, in the diate of Horida. Tan		ini, and decept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requir	red when rein	stating) DATE			
	ILE NOW!!! FEE IS \$150.00				T.		<u>-</u>		
-	May 1, 2003 Fee will be \$550.00				ļ	9. Election Campaign Financing		5.00 May Be	
	Repaire to Florida Department o	f State			Ì	Trust Fund Contribution.	☐ Ac	ided to Fees	
			1 44		450	NITIONO (CLIANIOSO TO OFFICEDO AN	D DIDECT	OD0 N 11	
10.	OFFICERS AND		11.		AUL	DITIONS/CHANGES TO OFFICERS AN			
TITLE	COPPOLA, ARTHUR	☐ Delete	TITL				☐ Chan	ige	
NAME STREET ADDRESS	401 WILSHIRE BLVD		NAM	ſ				ľ	
	SANTA MONICA CA			ET ADDRESS				ļ	
CITY-ST-ZIP			CHY	-ST-ZIP					
TITLE	VSD BIGHARD	☐ Delete	TITL	I			☐ Chan	ge 🔲 Addition	
NAME	BAYER, RICHARD		NAM	i					
STREET ADDRESS	401 WILSHIRE BLVD			ET ADDRESS				{	
CITY-ST-ZIP	SANTA MONICA CA		CITY	-ST-ZIP					
TITLE	VID	Delete	TITLI				Chan	ge 🔲 Addition	
NAME	O'HERN, THOMÁS	,	NAM	E				1	
STREET ADDRESS	401 WILSHIRE BLVD		STRE	ET ADDRESS					
CITY-ST-ZIP	SANTA MONICA CA		CITY	-ST-ZIP					
TITLE	ASV	☐ Delete	TITLI				☐ Chan	ge Addition	
NAME	SHANNON, MADONNA R		NAM				_	<i></i>	
STREET ADORESS	401 WILSHIRE BLVD. #700			ET ADDRESS					
CITY-ST-ZIP	SANTA MONICA CA 90401			-ST-ZIP				{	
	VC		TITLI				Chan	ige Addition	
TITLE NAME	ANDERSON, DANA K	☐ Delete	NAM	1			□ опат	ige [] Moninoli	
STREET ADORESS	401 WILSHIRE BLVD. #700			ET ADDRESS				}	
CITY-ST-ZIP	SANTA MONICA CA 90401		- 6	-ST-ZIP					
	Salla motion on soro!								
TITLE		☐ Delete	TITU	1			☐ Chan	ge 🗌 Addition	
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					

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:

SIGNATURE KEQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAddonna R. Shannon, Vice President

03/18/03

<u>(310) 394-6000</u>

Affachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F98000001708

MACERICH PROPERTY EQ GP CORP.



80070168 Principal Place of Business 401 WILSHIRE BLVD. Mailing Address 401 WILSHIRE BLVD. SUITE 700 SUITE 700 SANTA MONICA CA 90401 SANTA MONICA CA 90401 2. Principal Place of Business 3. Mailing Address 401 Wilshire Blvd. 401 Wilshire Blvd. Suite. Apt. #, etc Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES Suite 700 Suite 700 City & State City & State 4. FEI Number Applied For 95-4680884 Santa Monica, CA <u>Santa Monica.</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 90401 90401 USA **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio 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 Fiorida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Springer is under this add name of registered agencies of the disapproximate (HCTE, Roqueren 4aent signet vielreddred whop repalating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE Delete THEF Chance: Addition COPPOLA, ARTHUR MAME **401 WILSHIRE BLVD** STREET ADDRESS STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP CITY-ST-7IP VSD ☐ Delete THILE [7] Charles Adoition 1000 BAYER, RICHARD NAME MAME 401 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP CITY - ST-ZIP VTD Delete Change TITLE Addition TITLE O'HERN, THOMAS NAME DAME 401 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP CITY-ST-ZIP ASV Delete TIFLS ☐ Change THE Addition SHANNON, MADONNA R NAME MAME 401 WILSHIRE BLVD. #700 STREET ADDRESS STREET ADDRESS SANTA MONICA CA 90401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE ANDERSON, DANA K NAME NAME 401 WILSHIRE BLVD. #700 STREET ADDRESS STREET ADDRESS SANTA MONICA CA 90401 CITY-ST-ZIP CITY-ST-ZiP Audition 🗌 TITLE ☐ Defete 🔲 Change 1071.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and section and trial my signature shall have the same legal effect as if made under cath: that I am an officer or director of the corporation or the Regiver or disteremental to execute his 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 life impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03/18/03

(310) 394-6000