

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90142 031 ***150.00

0689972 AB

DOCUMENT # F98000001708

1. Entity Name
MACERICH PROPERTY EQ GP CORP.



Principal Place of Business
**401 WILSHIRE BLVD.
SUITE 700
SANTA MONICA CA 90401**

Mailing Address
**401 WILSHIRE BLVD.
SUITE 700
SANTA MONICA CA 90401**



2. Principal Place of Business
401 Wilshire Blvd.

3. Mailing Address
401 Wilshire Blvd.

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Santa Monica, CA

City & State
Santa Monica, CA

Zip
90401

Country
USA

Zip
90401

Country
USA

4. FEI Number **95-4680884**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAYER, RICHARD 401 WILSHIRE BLVD SANTA MONICA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD O'HERN, THOMAS 401 WILSHIRE BLVD SANTA MONICA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV SHANNON, MADONNA R 401 WILSHIRE BLVD. #700 SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANDERSON, DANA K 401 WILSHIRE BLVD. #700 SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 REQUIRED

03/18/03 (310) 394-6000

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

Date Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT #

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SANTA MONICA CA 90401

Mailing Address

401 WILSHIRE BLVD.

SUITE 700

SANTA MONICA CA 90401

80070168

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Suite, Apt. #, etc.

Suite 700

City & State

Santa Monica, CA

Zip
90401

Country
USA

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City

FL

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SIGNATURE

Signature, typed or printed name of registered agent or director

(NOTE: Registered Agent's signature required when resigning)

DATE

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Trust Fund Contribution. ☐

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SIGNATURE:

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

03/18/03

(310) 394-6000

Date

Signature Print Name

CR2E034 (10/02)