

1.) CORPORATION NAME:

**MACERICH SASSAFRAS GP CORP.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD #301  
GLEN ALLEN, VA 23060-6802**

DUE DATE: **8/31/2011**

SCC ID NO: **F1241720**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 WILSHIRE BLVD #700

CITY/ST/ZIP: SANTA MONICA, CA 90401-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MADONNA R SHANNON  
TITLE: SR VP/AS  
ADDRESS: 401 WILSHIRE BLVD #700  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: CHRISTOPHER J ZECCHINI  
TITLE: SR VP  
ADDRESS: 401 WILSHIRE BLVD #700  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: THOMAS E. O'HERN  
TITLE: TREASURER  
ADDRESS: 401 WILSHIRE BLVD #700  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: RICHARD A. BAYER  
TITLE: SECRETARY  
ADDRESS: 401 WILSHIRE BLVD #700  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: ARTHUR M COPPOLA  
TITLE: CHAIRMAN/CEO  
ADDRESS: 401 WILSHIRE BLVD #700  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MADONNA R SHANNON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MADONNA R SHANNON, SR VP/AS</u> PRINTED NAME AND CORPORATE TITLE	<u>10/3/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.