

1.) CORPORATION NAME:

MACW Mall Management, Inc.

DUE DATE: **5/31/2012**

SCC ID NO: **F1587213**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 WILSHIRE BLVD #700

CITY/ST/ZIP: SANTA MONICA, CA 90401-2350

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: RICHARD A BAYER
TITLE: SR EXC VP/CLO/S
ADDRESS: 401 WILSHIRE BLVD #700
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350

OFFICER

DIRECTOR

NAME: THOMAS E O'HERN
TITLE: SR EXC VP/CFO/T
ADDRESS: 401 WILSHIRE BLVD #700
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350

OFFICER

DIRECTOR

NAME: MADONNA R SHANNON
TITLE: SR VP/ASST SEC
ADDRESS: 401 WILSHIRE BLVD #700
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350

OFFICER

DIRECTOR

NAME: ARTHUR M COPPOLA
TITLE: CEO/CHAIRMAN
ADDRESS: 401 WILSHIRE BLVD #700
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350

OFFICER

DIRECTOR

NAME: DANA K ANDERSON
TITLE: VICE CHAIRMAN
ADDRESS: 401 WILSHIRE BLVD #700
CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY L BRANT EXEC VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC V SALO EXEC VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F BEFFA SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J BUSENHART SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHET A CRAMIN SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J FACAS SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON M FOSTER SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG J HEALEY SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A JACOBY SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P JONES SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W KINGSMORE SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENENE M KRUGER SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM J PENDERGRAST SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M SHORT SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN L SPECTOR SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM STEFFAN SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C UNIS SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH VOLK SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J ZECCHINI SR VP 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD C COPPOLA PRESIDENT 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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/ASST SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>3/6/2012</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.