

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

**MACW Mall Management, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1587213**

**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.

<p>NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS J LEANSE TITLE: SR EXC VP/CLO/S ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>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</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT F BEFFA TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RANDY L BRANT TITLE: EXEC VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J BUSENHART TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<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:	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:	MADONNA R SHANNON SR VP/ASST SEC 401 WILSHIRE BLVD #700 SANTA MONICA, CA 90401-2350	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DAVID M SHORT TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN L SPECTOR TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIM STEFFAN TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS C UNIS TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KENNETH VOLK TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER J ZECCHINI TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ARTHUR M COPPOLA TITLE: CEO/CHAIRMAN ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-2350	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANA K ANDERSON TITLE: VICE CHAIRMAN ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT D PERLMUTTER TITLE: EXEC VP ADDRESS: 401 WILSHIRE BLVD #700 CITY/ST/ZIP/CO: 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>	<u>MADONNA R SHANNON, SR</u>	<u>3/18/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/ASST SEC PRINTED NAME AND CORPORATE TITLE	DATE

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.