

1.) CORPORATION NAME:

MACERICH MANAGEMENT COMPANY

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1646654**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 WILSHIRE BLVD STE 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.

<p>NAME: EDWARD C COPPOLA TITLE: PRESIDENT ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MADONNA R SHANNON TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 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 EVP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARTHUR M COPPOLA TITLE: CHAIRMAN/CEO ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANA K ANDERSON TITLE: VICE CHAIR ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS E O'HERN TITLE: SR EVP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY L BRANT EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT D PERLMUTTER EVP 401 WILSHIRE BLVD STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC V SALO EVP 401 WILSHIRE BLVD STE 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 STE 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 STE 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 STE 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 STE 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 STE 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 STE 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 STE 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 STE 700 SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GENENE M KRUGER TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: OLIVIA LEIGH TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TOM J PENDERGRAST TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN PERRY TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 700 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID M SHORT TITLE: SR VP ADDRESS: 401 WILSHIRE BLVD STE 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 STE 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 STE 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 STE 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 STE 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 STE 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.	
/s/ MADONNA R SHANNON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MADONNA R SHANNON, SR VP PRINTED NAME AND CORPORATE TITLE
9/4/2013 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.	