

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003028

Entity Name: CONTINENTAL 422 FUND LLC**Current Principal Place of Business:**W134 N8675 EXECUTIVE PARKWAY
MENOMONEE FALLS, WI 53051**Current Mailing Address:**W134 N8675 EXECUTIVE PARKWAY
MENOMONEE FALLS, WI 53051 US**FEI Number: 82-1236587****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** PRESIDENT OF CONTINENTAL
PROPERTIES COMPANY, INC.,
MANAGER OF CONTINENTAL 422
FUND LLC**Name** MINAHAN, DANIEL J**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** TREASURER, CFO & EVP OF
CONTINENTAL PROPERTIES
COMPANY, INC., MANAGER OF
CONTINENTAL 422 FUND LLC**Name** MADELL, EDWARD J**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** EVP OF CONTINENTAL PROPERTIES
COMPANY, INC., MANAGER OF
CONTINENTAL 422 FUND LLC**Name** GRIMM, KIMBERLY**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** VC OF CONTINENTAL PROPERTIES
COMPANY, INC., MANAGER OF
CONTINENTAL 422 FUND LLC**Name** SEVERSON, GERARD**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** CEO OF CONTINENTAL PROPERTIES
COMPANY, INC., MANAGER OF
CONTINENTAL 422 FUND LLC**Name** SCHLOEMER, JAMES H**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** SECRETARY & EVP OF CONTINENTAL
PROPERTIES COMPANY, INC.,
MANAGER OF CONTINENTAL 422
FUND LLC**Name** SEIFERT, PAUL R**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051**Title** EVP OF CONTINENTAL PROPERTIES
COMPANY, INC., MANAGER OF
CONTINENTAL 422 FUND LLC**Name** FOLGER, RYAN**Address** W134 N8675 EXECUTIVE PARKWAY**City-State-Zip:** MENOMONEE FALLS WI 53051

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL R. SEIFERT**SECRETARY & EVP****04/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date