

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005245 (2)

1. Corporation Name
THE BUCKLE, INC.



Principal Place of Business: **2407 WEST 24TH ST. KEARNEY NE 68847**
Mailing Address: **2407 WEST 24TH ST. KEARNEY NE 68847**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		47-0366193		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHFELD, DANIEL J	1.2 NAME	
STREET ADDRESS	3806 FOURTH AVE. KEARNEY NE 68847	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CVS <input type="checkbox"/> DELETE	2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, WAYNE	2.2 NAME	
STREET ADDRESS	9 KINGS CT. KEARNEY NE 68847	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DENNIS	3.2 NAME	
STREET ADDRESS	14 KINGS CT. KEARNEY NE 68847	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOADS, KAREN	4.2 NAME	
STREET ADDRESS	515 E. 48TH ST. KEARNEY NE 68847	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALONE, GARY	5.2 NAME	
STREET ADDRESS	141 MALLARD DR. STORM LAKE IA 50588	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADA, JAMES	6.2 NAME	
STREET ADDRESS	3611 22ND AVE. KEARNEY NE 68847	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CP2E034 (10/97)