

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90648 033 \*\*\*150.00

0630040 AB

**DOCUMENT # F97000005245**  
 1. Entity Name  
**THE BUCKLE, INC.**

Principal Place of Business  
**2407 WEST 24TH ST.**  
**KEARNY FL 33845-4915**  
**Kearney NE**

Mailing Address  
**PO BOX 1480**  
**KEARNY NE 33848-1480**  
**Kearney**

2. Principal Place of Business  
**2407 West 24<sup>th</sup> St.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1480**  
 Suite, Apt. #, etc.

City & State  
**Kearney NE**

City & State  
**Kearney NE**

Zip  
**68845-4915**

Country  
**USA**

Zip  
**68848-1480**

Country  
**USA**

4. FEI Number  
**47-0366193**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HIRSCHFELD, DANIEL J</b> <b>3606 FOURTH AVE.</b> <b>KEARNY NE 68847</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>PORTER, SCOTT</b> <b>#1 KING CT</b> <b>KEARNY NE 68847</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>NELSON, DENNIS</b> <b>14 KINGS CT.</b> <b>KEARNY NE 68847</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTO</b> <b>RHOADS, KAREN</b> <b>5000 AVE F. PLACE</b> <b>KEARNY NE 68847</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LALONE, GARY</b> <b>141 MALLARD DR.</b> <b>STORM LAKE IA 50588</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHADA, JAMES</b> <b>3611 22ND AVE.</b> <b>KEARNY NE 68847</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kearney NE 68845</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kearney NE 68845</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/T/DI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>715 East 56<sup>th</sup> St.</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3-20-02** **308 236-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment A Doc # 97000005245  
753268

THE BUCKLE, INC.

Title  
S  
V  
V

Name  
Kyle Hanson  
Brett Milkie  
Kari Smith

Address  
75443 Road 431  
31705 Driftwood Court  
4819 Camelot West

City, State ZIP  
Lexington, NE 68850  
Avon Lake, OH 44012  
Great Bend, KS 67530

Title  
D  
D  
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D

Name  
Robert Campbell  
Ralph Tysdal  
Bill Fairfield  
William D. Orr  
Bruce Hoberman  
David Roehr

Address  
121 South 13th St.  
1601 West C. Street  
1004 Farnam on the Mall  
PO Box 82288  
2668 South 96th Circle  
551 William Way

City, State ZIP  
Lincoln, NE 68508  
North Platte, NE 69101  
Omaha, NE 68102  
Lincoln, NE 68501  
Omaha, NE 68124  
Sydney, NE 69162