

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000005245

1. Entity Name
 THE BUCKLE, INC.



Principal Place of Business
 2407 WEST 24TH ST.
 KEARNY, FL 68845-4915

Mailing Address
 PO BOX 1480
 KEARNY, NE 68848-1480



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 47-0366193 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HIRSCHFELD, DANIEL J
STREET ADDRESS	3606 FOURTH AVE.
CITY - ST - ZIP	KEARNEY, NE 68845
TITLE	PCEO
NAME	NELSON, DENNIS
STREET ADDRESS	14 KINGS CT.
CITY - ST - ZIP	KEARNEY, NE 68845
TITLE	VTD
NAME	RHOADS, KAREN
STREET ADDRESS	5000 AVE F. PLACE
CITY - ST - ZIP	KEARNEY, NE 68847
TITLE	VD
NAME	SHADA, JAMES
STREET ADDRESS	715 EAST 56TH ST.
CITY - ST - ZIP	KEARNEY, NE 68847
TITLE	S
NAME	HANSON, KYLE L
STREET ADDRESS	75443 ROAD 431
CITY - ST - ZIP	LEXINGTON, NE 68850
TITLE	V
NAME	MILKIE, BRETT
STREET ADDRESS	31705 DRIFTWOOD COURT
CITY - ST - ZIP	AVON LAKE, OH 44012

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12. 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 10 or Block 11 if changed or on an attachment with an address with all other like empowered.

SIGNATURE: Kyle L. Hanson 4/22/04 (308)236-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #