


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000005245 1. Entity Name THE BUCKLE, INC.	
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Principal Place of Business 2407 WEST 24TH ST. KEARNEY, NE 68845	Mailing Address P.O. BOX 1480 KEARNEY, NE 68845
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0366193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000784636 01/16/08-80064-001 150:00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HIRSCHFELD, DANIEL J 3606 FOURTH AVE. KEARNEY, NE 68845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NELSON, DENNIS 14 KINGS CT. KEARNEY, NE 68845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RHOADS, KAREN 5000 AVE F. PLACE KEARNEY, NE 68847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHADA, JAMES 715 EAST 56TH ST. KEARNEY, NE 68847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, KYLE L 6226 E. CEDAR HILL PL. KEARNEY, NE 68845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY AVON, OH 44011

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen B. Rhoads 1/4/08 (308) 236-8491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #