

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005245

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE BUCKLE, INC.

Current Principal Place of Business:

2407 WEST 24TH ST.
KEARNEY, NE 68845

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1480
KEARNEY, NE 68845

New Mailing Address:

FEI Number: 47-0366193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HIRSCHFELD, DANIEL J
Address: 3606 FOURTH AVE.
City-St-Zip: KEARNEY, NE 68845

Title: PCEO () Delete
Name: NELSON, DENNIS
Address: 14 KINGS CT.
City-St-Zip: KEARNEY, NE 68845

Title: VTD () Delete
Name: RHOADS, KAREN
Address: 5000 AVE F. PLACE
City-St-Zip: KEARNEY, NE 68847

Title: VD () Delete
Name: SHADA, JAMES
Address: 715 EAST 56TH ST.
City-St-Zip: KEARNEY, NE 68847

Title: S () Delete
Name: HANSON, KYLE L
Address: 6226 E. CEDAR HILL PL.
City-St-Zip: KEARNEY, NE 68845

Title: V () Delete
Name: MILKIE, BRETT
Address: 1471 LEAR INDUSTRIAL PARKWAY
City-St-Zip: AVON, OH 44011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN B. RHOADS

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date