# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F97000005245

Entity Name: THE BUCKLE, INC.

## **Current Principal Place of Business:**

2407 WEST 24TH ST. KEARNEY, NE 68845

## **Current Mailing Address:**

P.O. BOX 1480 KEARNEY, NE 68845

# FEI Number: 47-0366193

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

## **Officer/Director Detail :**

Title	С	Title	PCEO
Name	HIRSCHFELD, DANIEL J	Name	NELSON, DENNIS
Address	3606 FOURTH AVE.	Address	14 KINGS CT.
City-State-Zip:	KEARNEY NE 68845	City-State-Zip:	KEARNEY NE 68845
Title	VTD	Title	S
The	VID		-
Name	RHOADS, KAREN	Name	HANSON, KYLE L
Address	5000 AVE F. PLACE	Address	6226 E. CEDAR HILL PL.
City-State-Zip:	KEARNEY NE 68847	City-State-Zip:	KEARNEY NE 68845
Title	V	Title	DIRECTOR
Title Name	V MILKIE, BRETT	Title Name	DIRECTOR SHADA, JAMES
Name Address	MILKIE, BRETT	Name	SHADA, JAMES 715 E 56TH ST
Name Address	MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY	Name Address City-State-Zip:	SHADA, JAMES 715 E 56TH ST KEARNEY NE 68847
Name Address	MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY	Name Address	SHADA, JAMES 715 E 56TH ST
Name Address City-State-Zip:	MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY AVON OH 44011	Name Address City-State-Zip:	SHADA, JAMES 715 E 56TH ST KEARNEY NE 68847
Name Address City-State-Zip: Title	MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY AVON OH 44011 DIRECTOR	Name Address City-State-Zip: Title	SHADA, JAMES 715 E 56TH ST KEARNEY NE 68847 DIRECTOR
Name Address City-State-Zip: Title Name	MILKIE, BRETT 1471 LEAR INDUSTRIAL PARKWAY AVON OH 44011 DIRECTOR CAMPBELL, ROBERT	Name Address City-State-Zip: Title Name	SHADA, JAMES 715 E 56TH ST KEARNEY NE 68847 DIRECTOR FAIRFIELD, BILL 206 FAIRACRES RD

# Continues on page 2

I hereby 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 all other like empowered.

## SIGNATURE: KAREN RHOADS

VTD

# 02/20/2017 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 20, 2017 Secretary of State CC7581310744

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	PEETZ, JOHN III	Name	HOBERMAN, BRUCE
Address	960 FALL CREEK RD	Address	2668 SOUTH 96TH CIRCLE
City-State-Zip:	LINCOLN NE 68510	City-State-Zip:	OMAHA NE 68124
Title	DIRECTOR	Title	VP
Name	HUSS, MICHAEL	Name	ROBERT, CARLBERG
Address	7413 N 124TH	Address	4254 WEST 150TH TERRACE
City-State-Zip:	OMAHA NE 68142	City-State-Zip:	LEAWOOD KS 66224
Title	VP	Title	TREASURER
Name	SMITH, KARI	Name	HEACOCK, THOMAS
Address	4835 CAMELOT WEST	Address	2415 W 46TH ST PL
		City-State-Zip:	KEARNEY NE 68845
City-State-Zip:	GREAT BEND KS 67530		
Title	VP	Title	VP
Name	HOFFMAN, MICHELLE	Name	APPLEGATE, DIANE
Address	15143 CATALINA	Address	5112 B AVE PL
City-State-Zip:	LEAWOOD KS 66224	City-State-Zip:	KEARNEY NE 68847
Title	VP		
Name	MOLCZYK, KELLI		
Address	5904 AVE I		
, (44) 000	00017021		

City-State-Zip: KEARNEY NE 68847