

2019 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

Certificate of Status Desired: No

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

_____ Date

Officer/Director Detail :

Title C
Name HIRSCHFELD, DANIEL J
Address 3606 FOURTH AVE.
City-State-Zip: KEARNEY NE 68845

Title PCEO
Name NELSON, DENNIS
Address 14 KINGS CT.
City-State-Zip: KEARNEY NE 68845

Title V
Name MILKIE, BRETT
Address 1471 LEAR INDUSTRIAL PARKWAY
City-State-Zip: AVON OH 44011

Title DIRECTOR
Name SHADA, JAMES
Address 715 E 56TH ST
City-State-Zip: KEARNEY NE 68847

Title DIRECTOR
Name CAMPBELL, ROBERT
Address 6057 CHARTWELL LANE
City-State-Zip: LINCOLN NE 68516

Title DIRECTOR
Name FAIRFIELD, BILL
Address 206 FAIRACRES RD
City-State-Zip: OMAHA NE 68132

Title DIRECTOR
Name PEETZ, JOHN III
Address 960 FALL CREEK RD
City-State-Zip: LINCOLN NE 68510

Title DIRECTOR
Name HOBERMAN, BRUCE
Address 2668 SOUTH 96TH CIRCLE
City-State-Zip: OMAHA NE 68124

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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: KARI ANNE NICKMAN

ASSISTANT SECRETARY 03/20/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUSS, MICHAEL
Address 7413 N 124TH
City-State-Zip: OMAHA NE 68142

Title VP
Name HOFFMAN, MICHELLE
Address 15143 CATALINA
City-State-Zip: LEAWOOD KS 66224

Title VP
Name MOLCZYK, KELLI
Address 5904 AVE I
City-State-Zip: KEARNEY NE 68847

Title VP, DIRECTOR
Name SMITH, KARI G
Address 5904 AVENUE I
City-State-Zip: KEARNEY NE 68847

Title VP
Name HARBOLS, ROBERT
Address 1728 E 46TH ST PLACE
City-State-Zip: KEARNEY NE 68847

Title DIRECTOR
Name BOUNDS, HANK
Address 9300 TUSCAN CT
City-State-Zip: LINCOLN NE 68520

Title VP
Name ROBERT, CARLBERG
Address 4254 WEST 150TH TERRACE
City-State-Zip: LEAWOOD KS 66224

Title VP
Name APPLGATE, DIANE
Address 5112 B AVE PL
City-State-Zip: KEARNEY NE 68847

Title DIRECTOR
Name RHOADS, KAREN
Address 5910 6TH AVE
City-State-Zip: KEARNEY NE 68845

Title DIRECTOR, VP, TREASURER
Name HEACOCK, THOMAS
Address 2415 W 46TH ST PLACE
City-State-Zip: KEARNEY NE 68845

Title SECRETARY
Name FRITZ JENSCHKE, BRADY
Address 2407 WEST 24TH ST.
City-State-Zip: KEARNEY NE 68845

Title ASST. SECRETARY
Name NICKMAN, KARI ANNE
Address 2407 WEST 24TH ST.
City-State-Zip: KEARNEY NE 68845