U S Bankruptcy Court

DISTRICT OF DELAWARE

PROOF OF CLAIM

In re (Name of Debtor)
EXIDE CORP

Case Number 02 11125
Chapter 11

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to U S C § 503

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor
(The Person or other entity to whom the debtor owes money or property)
Pitney Bowes Credit Corporation

Name and Address Where Notices Should be Sent
Pitney Bowes Credit Corporation
27 Waterview Drive
Shelton, CT 06484-5151

Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
3531-9870 20-6

Check here if this claim replaces a previously filed claim
☐ amends claim dated

1 BASIS FOR CLAIM
Goods sold
☒ Services performed
Money loaned
Personal injury/wrongful death
Taxes
☐ Other (Describe briefly)
Lease

Retiree benefits as defined in 11 U S C § 1114(a)
Wages salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed
From _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
04/08/02

3 IF COURT JUDGMENT DATE OBTAINED

CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM $
Attach evidence of perfection of security interest
Brief Description of Collateral
Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

☒ UNSECURED NONPRIORITY CLAIM $ 10100 00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☐ UNSECURED PRIORITY CLAIM $
☐ Rent due on lease agreement Administrative claim $
☐ Rent due on lease agreement prior to filing $
☐ Balance due on lease agreement, equip not recovered $

Specify the priority of the claim
Wages, salaries, or commissions (up to $4000),*earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U S C § 507 (a)(3)
Contributions to an employee benefit plan–11 U S C §507 (a)(4)
Up to $1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U S C § 507 (a)(6)
Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U S C §507 (a)(7)
Taxes or penalties of governmental units-11 U S C §507 (a)(8)
Other-Specify applicable paragraph of 11 U S C 507 (a)
*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 10100 00
(Total)

Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

Date
6/5/2002

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

G Betancourt
GRISSELLE BETANCOURT Bankruptcy Coordinator

Exide Technologies
00213

Pitney Bowes

Pitney Bowes Credit Corporation
Recovery Services

STATEMENT OF ACCOUNT

Date June 5, 2002

3531-9870-20-6
CUSTOMER NO

EXIDE CORP
ACCOUNT NAME

Payments not received _____ payment @ $ _____ $ 10100 00

(Includes sales tax where applicable)

LATE CHARGES $ _____

TOTAL CLAIM $ 10100 00

Invoice Date	Amount	Period Covering	
04/08/02	$10000 00	01/10/02-04/09/02	(Postage Meter Reset Charges)
04/08/02	$ 100 00	01/10/02-04/09/02	(Postage Transaction Charges)

PREPARED BY G. Betancourt
GRISSELLE BETANCOURT
BANKRUPTCY COORDINATOR

PBCC/RECOVERY SERVICES
27 Waterview Dr
Shelton, CT 06494
1-800-243-9506

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EC01 ____ BCPT01M     STATEMENT INQUIRY SCREEN    16 56 04 06/04/02  ASF  _____
CORP  043604 ACCT  500093 5319870206    PROD  PPP PAN
CYC  02 GRP  *  CRD1  5000 9353 1987 0206 CRED LMT         15000 CLOSE  040902
   BLK/RCLS  B6 CRD2                      INSRT  03 06 18 00 00 00 DUE  042902
NAME  EXIDE CORP                BBAL         15054 38  F/CHG            217 70
STM1  ATTN  MARKETING DIV       PUR            282 70  LATE               0 00
STM2  3000 MONTROSE AVENUE      CASH          5500 00  CL INS             0 00
CITY  LAURELDALE                PMTS          6307 26- BALANC         14529 82
ST    PA   ZIP  196052751       CRED             0 00  MIN PY           727 00
CD-----REFERENCE NBR-- POST/SIC TRAN/TCRC --DESCRIPTION------- -----AMOUNT-----


   METER # 6500/SN 6881287 0409 0408 POSTAGE-LAUDERDALE ,PA            5000 00
                           0701 0731 PBP# 35867225




   75000932099049099064201 0409 0409 FINANCE CHARGE - CASH              217 70
                                6420
   75000932099065099081094 0409 0408 POSTAGE TRANSACTION CHG             50 00
                           0701 8109
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EC01 ____ BCPT01M     STATEMENT INQUIRY SCREEN    16 56 12 06/04/02  ASF  _____
CORP  043604 ACCT  500093 5319870206    PROD  PPP PAN
CYC  04 GRP  *  CRD1  5000 9353 1987 0206 CRED LMT         15000 CLOSE  021102
   BLK/RCLS  B6 CRD2                      INSRT  18 03 00 00 00 00 DUE  030302
NAME  EXIDE CORP                BBAL         17848 20  F/CHG            277 79
STM1  ATTN  MARKETING DIV       PUR            352 79  LATE              25 00
STM2  3000 MONTROSE AVENUE      CASH          5000 00  CL INS             0 00
CITY  LAURELDALE                PMTS         14453 87- BALANC          8747 12
ST    PA   ZIP  196052751       CRED             0 00  MIN PY           438 00
CD-----REFERENCE NBR-- POST/SIC TRAN/TCRC --DESCRIPTION------- -----AMOUNT-----
   METER # 6500/SN 6881287 0111 0110 POSTAGE BY PHONE RESET            3000 00
                           0701 0731 PBP# 35867225
   METER # 6500/SN 6881287 0203 0201 POSTAGE BY PHONE RESET            2000 00
                           0701 0731 PBP# 35867225
   75000932011076011081091 0111 0110 POSTAGE TRANSACTION CHG             30 00
                           0701 8109
   75000932034074034081092 0203 0201 POSTAGE TRANSACTION CHG             20 00
                           0701 8109
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