

United States Bankruptcy Court
District of Delaware

PROOF OF CLAIM

In re (Name of Debtor) Exide Technologies Case Number 02-11125-JCA thru 02-11128-JCA

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Honeywell Inc
Name and Addresses Where Notices Should be Sent
Diane Geske, U.S. Cash Services Leader
Honeywell Inc Home & Building Control
P.O. Box 524 - MN27-2275
Minneapolis, MN 55440-0524
Telephone No 612-951-3433

- 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.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
Security Accts #1137097 and #198805

Check here if this claim replaces amends a previously filed claim, dated _____

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

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

2. DATE DEBT WAS INCURRED
11/1/01 - 12/6/01

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.

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 included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ 1,168.89
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 \$ _____
Specify the priority of the claim

- Wages, salaries or commissions (up to \$2000) 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—U.S.C. § 507(a)(4)
- Up to \$900 of deposits toward purchase, lease or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6)
- Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7)
- Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 1,168.89 (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ 1,168.89 (Total)

Check this box if claim includes prepetition 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.

Date 5/9/02
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)
Diane Geske
Diane Geske, U.S. Cash Services Leader

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MAY 10 2002
CLERK OF COURT
DELAWARE



Honeywell Inc
Honeywell Plaza
PO Box 524
Minneapolis MN 55440-0524
612 951-1000

Security Accts #1137097 and #198805

May 9, 2002

Clerk of United States Bankruptcy Court
District of Delaware
824 Market Street
Wilmington, DE 19801

Reference Exide Technologies/Exide Corporation
Chapter 11 Bankruptcy Case No 02-11125-JCA thru 02-11128-JCA

We attach our Administrative Expense Proof of Claim with itemized statement, showing a total unpaid balance of \$1,168 89 in the above matter. Kindly file this for us.

Sincerely,



Diane Geske
U S Cash Services Leader
Home and Building Control
MN27-2275
(612)951-3433

DG/dj
Enclosures

cc Cindi Foley - CA31
Mike Bishop - CA31
Nancy Stevens - OR10
Terry White - OR10

Honeywell

HONEYWELL PLAZA
MINNEAPOLIS, MINNESOTA 55408
STATEMENT

ACCOUNT NUMBER	Security Account # 1137097	Exide Technologies
		14500 Nelson Avenue
DATE	May 9, 2002	City of Industry, CA 91749

DESCRIPTION	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
# 135-01-35836-S	1719547	06-Dec-01	642 82		00	642 82

Honeywell

HONEYWELL PLAZA
MINNEAPOLIS, MINNESOTA 55408
STATEMENT

ACCOUNT NUMBER	Security Account # 198805	Exide Corporation
		802 N Columbia Blvd
DATE	May 9, 2002	Portland, OR 97217-1104

DESCRIPTION	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
# 724-01-17130-S	1635757	01-Nov-01	526 07		00	526 07