FORM B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT, STATE OF DE

Name of Debtor	Social Security No	Case Number	Chapter 11
EXIDE CORP,		02-11125 Court Code DEW	

Name of Creditor (The person or other entity to whom the debtor owes money or property)
Citibank USA, N A

Name and address where notices should be sent
Citibank USA N A
DBA OFFICE DEPOT COMREV REG ACCTS
PO Box 9025
Des Moines, IA 50368

Telephone number **866-523-0117 x56795**

☐ 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 ne er 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

FILED
AUG 0 6 2002
BMC

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Account or other number by which creditor identifies debtor
6011564203997282

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

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS#
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred 04 14 02

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $547 05
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim
☐ Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other
Value of Collateral $_____
Amount of arrearage and other charges at time case filed included in secured claim if any $___

6 Unsecured Claim
☒ Check this box if you have an unsecured claim

7 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Specify the priority of the claim
☐ Wages salaries, or commissions (up to $4 300) * earned within 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 $1 950* 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 owed to 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 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 Supporting Documents *Attach copies of supporting documents* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

10 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

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Date
08/01/2002

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)
Pamela C Rusch
Pamela C Rusch, Bankruptcy Representative of Citicorp Credit Services, Inc under limited power of attorney for Citibank USA, N A.

Exide Technologies
00726

Penalty for presenting a fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

CITIBANK USA, N.A.

PO Box 9025
Des Moines, IA 50368

STATEMENT

Account Holder
SS#
Name , EXIDE CORP

Bankruptcy Information
Case# 02-11125
Court DEW
Chapter 11
File Date 04 14 02
341A

[Account Number]
6011564203997282

New Balance $547 05

Available Credit $0 00

[ENTER AMOUNT ENCLOSED]

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO
Citibank USA, N A

CARDMEMBER NAME	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT	STATEMENT DATE
EXIDE CORP,	6011564203997282	$0 00	$0 00	05/09/2002

DATE	DECRIPTION OF TRANSACTION	AMOUNT
	TOTAL	$547 05

STATEMENT SUMMARY