FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware

PROOF OF CLAIM

Name of Debtor	Case Number
Exide Technologies	02-11125 (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' for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property)
PRG-Schultz Commercial Division USA, Inc.

Name and address where notices should be sent
Troy Tate, Esq.
26311 Junipero Serra Road #200
San Juan Capistrano, CA. 92675

Telephone number (949) 234-2241

☐ 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

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

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 30,221.65
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 Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 650) * 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 $2 100* 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

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

8 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

9 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

THIS SPACE IS FOR COURT USE ONLY

FILED
JAN 21 2003
BMC

Date	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)
05/23/02	Troy Tate Esq. General Counsel

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or both 18

Exide Technologies
01152

Invoice

Remittance Address:
PRG-Schultz USA, Inc
Commercial Division
7856 Collection Center Drive
Chicago, IL 60693

INVOICE NUMBER 8001124-IN

INVOICE DATE 01/01/02

PAGE 1

BILL TO:
Exide Corporation
,

PAYMENT TERMS	CUSTOMER P.O.	DUE DATE
Upon Receipt		01/01/02

DESCRIPTION	AMOUNT
Billing for the audit of accounts payable invoices 7,410 92 @ 100 00%	7,410 92

2001 inv

INVOICE TOTAL **$7,410 92**

Invoice

Remittance Address
PRG-Schultz USA, Inc
Commercial Division
7856 Collection Center Drive
Chicago, IL 60693

INVOICE NUMBER 0021432-IN

INVOICE DATE 01/31/02

PAGE 1

BILL TO:

GNB Technologies Inc
375 Northridge Road
Suite 100
Atlanta, GA 30350

John Bondy

PAYMENT TERMS	CUSTOMER P.O.	DUE DATE
Upon Receipt		01/31/02

DESCRIPTION	AMOUNT
Billing for the disbursements audit 52,314 08 @ 40 00%	20,925 63

INVOICE TOTAL **$20,925 63**

Schedule A

Auditor Edward Aycock

Billable - Refund payment received - OK to bill

Supplier	Supplier #	Item	Error	Invoice Number	Invoice Date	Payment Number	Payment Date	Recovery Amount	Action	Refund Pmt #	Refund Date	PRG Invoice #
MCI Telecommunication/GA/1 99	272621	V37		64955145		12562		926 91	Record Credit on Sales T	66216		
MCI Telecommunication/GA/2 99	272621	V38		64955147		12621		846 73	Record Credit on Sales T	66216		
/MCI Telecommunication/GA/2 99	272621	V39		1000296		12621		186 49	Record Credit on Sales T	66216		
Sensormatic Electronics Corporation/GA/1 99	974542	V43		SLS/97012033		12562		1 039 50	Record Credit on Sales T	66216		
Sensormatic Electronics Corporation/GA/1 99	974542	V44		SLS/97012034		12562		1 039 50	Record Credit on Sales T	66216		
Gordon Bailey & Associates GA 12/98	00228806	V164		00010321				1 088 50	Record Credit on Sales T	66216		
Piedmont National Corp / GA	349499	V202		See Schedule				17 329 52	Process Refund Payment	66216		
Industrial Paper Corp / GA	125532	V203		See Schedule				8 707 00	Process Refund Payment	66216		
Bearings & Drives / GA	64750	V204		4531690				10 235 18	Process Refund Payment	66216		
Bearings & Drives / GA	64750	V205		4525560				10 914 75	Process Refund Payment	66216		
Total								52,314 08				
Grand Total								52,314 08				

Error Code Legend

DUP - Duplicate Payment
OVP - Overpayment
CRM - Credit Memo
WVP - Wrong Supplier Payment
TAX1 and TAX2 - Taxes
UNC - Unapplied Cash
SUT - Sales and Use Tax
FTX - Fuel Tax or Misc Excise Tax
COP - Coop Advertising
CCE - Contract/Compliance Errors
LCC - Lease / CAM Charges
ESC - Escheatment
UNP - Unclaimed Property
DBR - Debit Balance Recoveries
ERS - Evaluated Receipt System
MIS - Miscellaneous
EDI - EDI Overpayment
UND - Unused Discount
NED - Negative Discount

Client Billing Request and Recap

Date Submitted	

Section A: Client Information

Client Name	GNB Technologies Inc
Attn Your Contact	John Bondy
Street Address	375 Northridge Road
Building or Mail Stop	
City, State ZIP	Atlanta GA 30350
Lead Auditor Name	Eddie Aycock
Lead Auditor Phone #	361 878 0642
Client (engagement)#	0419 00 004 698
Last synch date	01/31/02
Is this a 2nd Pass Audit?	No

How will the invoice be delivered to the client e-mail to auditor for delivery, or mail directly to the client?	YES

Special Handling Instructions Email to Eddie Aycock and I will present the invoice to the client

0021432

Section B Current Billing Information

Recovery Amount Non SUT, Non Pricing, or Non 3rd Call Related	Recovery Amount SUT*	Recovery Amount Pricing*	Recovery Amount 3rd Call Related	Recovery Amount Total	Rate %	Billing Amount Non 3rd Call Related Non Pricing or Non Sales Tax	Billing Amount SUT	Billing Amount Pricing	Billing Amount 3rd Call Related	Billing Amount Total
	$52 314 08			$52 314 08	40 00%	$0 00	$20 925 63	$0 00	$0 00	$20 925 63
				$0 00	50 00%	$0 00	$0 00	$0 00	$0 00	$0 00
				$0 00	35 00%	$0 00	$0 00	$0 00	$0 00	$0 00
				$0 00	30 00%	$0 00	$0 00	$0 00	$0 00	$0 00
$0 00	**$52 314 08**	**$0 00**	**$0 00**	**$52 314 08**		**$0 00**	**$20 925 63**	**$0 00**	**$0 00**	**$20,925 63**
*Tax Specialist assisted ?	No			Agrees to Billable						
*Training audit for Pricing Recoveries? (Healthcare only)	N/A									

Section C Billing History for this client

Invoice Number	Non Pricing ,Non Sales Tax, or Non 3rd Call Related Amount	SUT Amount	Pricing Amount	3rd Calls Related Amount	Total Invoice Amount	Date Invoiced.	Date Paid:	Check #	Amt Paid	"Memo" Invoice Gross Recovery Amount
Previous Billings	$207 496 92	$106 273 35			$313 770 27					$690 676 19
17th Billing		$20 925 63			$20 925 63					$52 314 08
3rd Billing					$0 00					
4th Billing					$0 00					
5th Billing					$0 00					
6th Billing					$0 00					
7th Billing					$0 00					
8th Billing					$0 00					
9th Billing					$0 00					
10th Billing					$0 00					
11th Billing					$0 00					
CM & Refunds					$0 00					
Billings to date	**$207 496 92**	**$127 198 98**	**$0 00**	**$0 00**	**$334 695 90**				**$0 00**	**$742 990 27**

Invoice

Mailing Address
The Profit Recovery Group U S A , Inc
Commercial Division
26311 Junipero Serra Road, Suite 200
San Juan Capistrano, CA 92675
949-234-2200 Fax 949-487-0125

Remittance Address:
The Profit Recovery Group U S A , Inc
Commercial Division
7856 Collection Center Drive
Chicago, IL 60693

INVOICE NUMBER 0014242-IN

INVOICE DATE 12/31/01

BILL TO:

GNB Technologies Inc
375 Northridge Road
Suite 100
Atlanta, GA 30350

John Bondy

PAYMENT TERMS	CUSTOMER P.O.	DUE DATE
Upon Receipt		12/31/01

DESCRIPTION	AMOUNT
Billing for the disbursements audit 4,712 76 @ 40 00%	1,885 10

INVOICE TOTAL **$1,885 10**

Schedule A

Auditor Edward Aycock

Billable - Refund payment received - OK to bill

Supplier	Supplier #	Item	Error	Invoice Number	Invoice Date	Payment Number	Payment Date	Recovery Amount	Action	Refund Pmt #	Refund Date	PRG Invoice #
Carlson Tool & Manufacturing Corp / MN 3 99	129357	V60	SUT	7065				1 768 00	Record Credit on Sales T	121401		
Commco Ltd / MN 6 99	63271	V61	SUT	BT00114				1,625 00	Record Credit on Sales T	121401		
Technical Machine, Inc / PA 3 99	103860	V62	SUT	981764				1 319 76	Record Credit on Sales T	121401		
Total								4 712 76				
Grand Total								4 712 76				

Error Code Legend

DUP - Duplicate Payment
OVP - Overpayment
CRM - Credit Memo
WVP - Wrong Supplier Payment
TAX1 and TAX2 - Taxes
UNC - Unapplied Cash
SUT - Sales and Use Tax
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UNP - Unclaimed Property
DBR - Debit Balance Recoveries
ERS - Evaluated Receipt System
MIS - Miscellaneous
EDI - EDI Overpayment
UND - Unused Discount
NED - Negative Discount

Please return a signed copy in the self stamped envelope that is provided to:

Troy Tate, Esq
26311 Junipero Serra Road #200
San Juan Capistrano, CA 92675

PRG SCHULTZ COMMERCIAL DIVISION
26311 JUNIPERO SERRA SUITE 200
SAN JUAN CAPISTRANO CA 92675
(800)532 A834