

**AMENDED**

B10 (Official Form 10)  
(Rev 6/91)

Claim Comment Text

AUDIT BASED ON ESTIMATE UPON REVIEWING BOOKS AND RECORDS

<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>
/WILMINGTON District of DELAWARE		
In re (Name of Debtor) <b>EXIDE TECHNOLOGIES</b>		Case Number 02-11125 KJC

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)  
**State of Florida - Department of Revenue**

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

Name and Addresses Where Notices Should be Sent  
**Bankruptcy Section  
Post Office Box 6668  
Tallahassee Florida  
32314-6668  
Telephone to (350) 921-2151**

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

**REC'D MAR 13 2003**

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**80-11-004407-24/1**

replaces a previously filed claim dated \_\_\_\_\_  
 amends

1 BASIS FOR CLAIM  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes **SALES AND USE TAX**  
 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

3 IF COURT JUDGMENT DATE OBTAINED

4 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 \$ 0 00  
Attach evidence of perfection of security interest  
Brief Description of Collateral  
 Real Estate  Motor Vehicle  Other (Describe briefly)

UNSECURED PRIORITY CLAIM \$ 202,070.83  
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)

Amount of arrearage and other charges included in secured claim above if any \$ \_\_\_\_\_

Contributions to an employee benefit plan - U.S.C. § 507(a)(4)

UNSECURED NONPRIORITY CLAIM \$ 72,896.50  
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

Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8)

Other - 11 U.S.C. § 507(a)(2) (a)(5) - (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	\$ <u>72,896.50</u> (Unsecured)	\$ <u>0.00</u> (Secured)	\$ <u>202,070.83</u> (Priority)	\$ <u>274,967.33</u> (Total)
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Check this box if claim includes prepetition charges in addition to the principal amount to 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

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7 SUPPORTING DOCUMENTS Attach copies of supporting document such as promissory notes purchase orders invoices itemized statements running accounts contracts court judgements 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 a copy of this proof of claim

Date <b>2/25/03</b>	Sign and print the name and title if any of the the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>SUSAN VAUSE</b> <i>Susan Vause</i> <b>TAX SPECIALIST I (850) 922-9887</b>
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2003 MAR 13 7 P.M.  
Exide Technologies  
01826



# Legal Claims Summary Sheet Pre-Petition Claims

DR 88  
R 07/01

New Case  
 Prior Case

Out of State  
Case Code

# AMENDED

Taxpayer's Name EXIDE TECHNOLOGIES			Location of Court / WILMINGTON DELAWARE		
Business Name			Bankruptcy Case Number 53-0211125 KJC		
Address 210 CARNEGIE CENTER STE 500			Chapter Number 11		Petition Date 4/15/02
City PRINCETON	State NJ	Zip Code 08540-0000	Account Number 80-11-004407-24/1		
Tax Type SALES AND USE TAX			Date Business Close/Date Converted		

Period Due	Tax Amount	Tax Type	Tax Account	R ltm/Court Fees	Penalty	Interest	Returned Check Control Number
02/97	Audit# 20360	925010					
03/02	152483 00	Audit			72896 50	49567 83	

TOTAL TAX \$ 152,483 00 PENALTY \$ 72,896 50 INTEREST \$ 49,587 83

Amended Claim  
Supersedes Claim for \$ \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

Adj \$ \_\_\_\_\_

Court Costs/Sheriff's Fee \$ \_\_\_\_\_ 0 00  
Returned Check Fee \$ \_\_\_\_\_ 0 00  
Total of Claim \$ \_\_\_\_\_ 274,967 33

Unsecured Priority Claim     Secured Claim

Date Tax Lien Filed \_\_\_\_\_

Trustee's Name \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Trustee's Address \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHRISTOPHER JAMES LHULIER**  
Attorney's Name \_\_\_\_\_  
**919 N MARKET STREET 16TH FLOOR**  
Attorney's Address \_\_\_\_\_  
**WILMINGTON** DE **19899-**  
City State Zip \_\_\_\_\_  
**(302) 778-6405**  
Attorney's Phone No \_\_\_\_\_

Date Prepared 2/25/03 Prepared By SV P & I Figured to 4/15/02