

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

IN RE:)
EXIDE TECHNOLOGIES, et al.,) CASE NO. 02-11125 (KJC)
) CHAPTER 11
DEBTORS.)

**NOTICE OF WITHDRAWAL OF PROOF OF CLAIM
OF MARION COUNTY TREASURER**

The Marion County Treasurer, having filed his Proof of Claim on March 17, 2003 in the amount of \$1,507.82 as an unsecured priority claim, now files his Notice of Withdrawal of Proof of Claim as the claim has now been satisfied, paid, or is otherwise no longer due and owing.

WHEREFORE, the Marion County Treasurer requests that its Proof of Claim as filed by the Treasurer on March 17, 2003 be withdrawn, and for all other just and proper.

Respectfully submitted,

By: Heather Selin
Marion County Treasurer
200 East Washington St., Ste. 1041
Indianapolis, IN 46204
(317) 327-3009

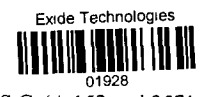
CERTIFICATE OF SERVICE

I do hereby certify that a copy of the foregoing Notice has been served upon all counsel of record listed below by United States first class postage pre-paid on this 10th day of June 2004.

Bankruptcy Management Corporation
PO Box 1063
El Segundo, CA 90245-1063

By: Heather Selin
Marion County Treasurer

| | | |
|--|---|---|
| UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF DELAWARE _____ | | PROOF OF CLAIM |
| Name of Debtor EXIDE TECHNOLOGIES, et al | | 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 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) Marion County Treasurer | | <input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Name and address where notices should be sent Marion County Treasurer Attn Heather Tolin 200 E Washington Street Suite 1060 Indianapolis IN 46204 | | |
| Telephone number 317-327-3009 | | |
| Account or other number by which creditor identifies debtor F552690 | | Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____ |
| 1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) | | |
| 2 Date debt was incurred 03/01/2002 | | 3 If court judgment, date obtained |
| 4 Total Amount of Claim at Time Case Filed \$ <u>1,507.82</u> (+ 8%) If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below. <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in Secured claim if any \$ _____ | | 6 Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ <u>1,507.82</u> Specify the priority of the claim: <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or equipment for personal, family, or household use. 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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 MAR 17 2003 BMC |
| Date 3/4/2003 | 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). <i>Heather Tolin</i> Delinquency Acct. Coord. | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571. | | |



MARION COUNTY, INDIANA
ESTIMATED ADVANCE TAX CALCULATION

TO MARION COUNTY TREASURER

FROM _____ TOWNSHIP ASSESSOR

PARCEL/SCHEDULE NUMBER F552690
(USE SEPARATE FORM FOR EACH NUMBER)

THIS IS TO CERTIFY THAT

NAME EXIDE TECHNOLOGIES

STREET ADDRESS 7959 ALLISON AV

CITY INDIANAPOLIS STATE IN ZIP 46268

HAS PROPERTY LISTED ON THIS TOWNSHIP'S RECORDS AS FOLLOWS

ASSESSED VALUE 50,890 TAXING UNIT 600

EXEMPTION AMT _____ ASM'T YEAR 2002 / 2003
PAY YR

NET ASSM'T VALUE 50,890

SIGNATURE *H. Shu* DATE 03/04/2003

CALCULATION

TAX RATE 3.5485 H'STEAD CR _____ REPLACEM'T CR 130141

| | GROSS TAX | REPLACEMENT CREDIT | HOMESTEAD CREDIT | NET TAX |
|--------------------|-----------------|-----------------------|---------------------|-------------------|
| TOTAL | <u>1,805.83</u> | <u>235.01</u> | _____ | <u>\$1,507.82</u> |
| SOLID WASTE FEE | | | | _____ |
| GRAND TOTAL | | | | <u>\$1,507.82</u> |

| | | |
|---|--|--|
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| <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | | |
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| Date 3/4/2003 | 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) Heather Tolin Delinquency Acct Coord <i>Heather Tolin</i> | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571 | | |

GREGORY N JORDAN
TREASURER OF MARION COUNTY
SUITE 1001 CITY COUNTY BUILDING
200 EAST WASHINGTON STREET SUITE 1001
INDIANAPOLIS INDIANA 46204 3356

MONTY W COMBS
CHIEF DEPUTY

BRIAN L ATKINSON
FISCAL DEPUTY

March 12, 2003

TAX INFORMATION 317 327 4444
ADMINISTRATION 317 327 4040
TDD 317 327 5186
FAX 317 327 4440

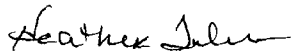
Bankruptcy Management Corporation
PO Box 1063
El Segundo, CA 90245-1063

Re Exide Technologies, et al
Case #02-11125 (KJC)

Please find enclosed an original Proof of Claim filed on behalf of the Marion County Treasurer and two copies. Please return the file stamped copy in the self addressed stamped envelopes provided.

Thank you for your assistance in this matter.

Sincerely,



Heather Tolin
Marion County Treasurer
Bankruptcy Specialist
317-327-3009