UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202492035092

In re

Case Number

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 and Address

02202492035092

ATLANTIS PLASTICS/ ATLANTA
98 ANNEX 703
ATLANTA GA 30398-0703

Creditor Telephone Number ( )

☐ 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 this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ 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 compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED 8/31/01

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 10,335.00	$	$	$
(unsecured)	(secured)	(unsecured priority)	(total)

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 above if any $_____

6 UNSECURED PRIORITY CLAIM

FILED
MAR 21 2003
BMC

☐ Check this box if you have an unsecured priority claim

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 4/1/01 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 your claim please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Eastern Time on April 23, 2003

THIS SPACE FOR COURT USE ONLY

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 1063
El Segundo CA 90245-1063

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

DATE SIGNED
3/18/03

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)

Sherman Sylar Sherman Sylar Sr Credit Analyst

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

Exide Technologies
02184

I N V O I C E

Invoice 182310 Revision 1
Invoice Date 02/20/02 Page 1
Print Date 03/18/03 Site 2110

Bill To 00014852

EXIDE CORPORATION
RR 1 GRANT ST
MANCHESTER, IA 52057
USA

P O 567422(OP)

Ship To A1485201

EXIDE CORPORATION
SOUTH TENTH STREET
MANCHESTER, IA 52057
USA

Sales Order S154688A
Order Date 02/20/02
Salesperson A00T700,

Credit Terms 1/10 N30
1% 10 DAYS, NET 30

Resale
Remarks PU IN SALINAS, KS & DEL TO MANCHESTER,IA

Ship Date 02/20/02

Ship-to A1485201
Ship Via NOT ASSGND
BOL S218083
FOB Point PPD

MICHELLE WING CUSTOMER SERVICE CONTACT
1-800-333-9856 FX#770-386-4542
RECVG HRS
1ST COME, 1ST SERVE FROM 6AM - 2PM
MUST CALL FOR APPT IF AFTER 2 00PM
2PM-9PM BY APPT ONLY ON DAY OF DELIVERY
DOCK OPEN MONDAY - FRIDAY
CONTACT LISA OR RECVG DEPT FOR APPT
319-927-4501
DELIVER 02/21/02

Shipped	Backorder	Item Number	Desc	UM	Price	Net Price
25,000 0	0 0	4712059011NSS003	59X60X 00115 SS SS		0 159	3,975 0

* * * D U P L I C A T E * * *

Non-Taxable	3,975 00	Currency USD	Line Total		3,975 00
Taxable	0 00	0 00%	Discount		0 00
Tax Date	02/20/02		SERVICE	10	0 00
			FREIGHT	20	0 00
			SPECIAL	30	0 00
			Total Tax		0 00
			Total		3,975 00

I N V O I C E

Invoice 154741 Revision 1
Invoice Date 08/31/01 Page 1
Print Date 03/18/03 Site 2110

Bill To 00014852

EXIDE CORPORATION
RR 1 GRANT ST
MANCHESTER, IA 52057
USA

P O MH014216

Ship To A1485201

EXIDE CORPORATION
SOUTH TENTH STREET
MANCHESTER, IA 52057
USA

Sales Order S131484
Order Date 08/17/01
Salesperson A00T700,

Credit Terms 1/10 N30
1% 10 DAYS, NET 30
Resale
Remarks DELIVER 9/7/01

Ship Date 08/31/01

Ship-to A1485201
Ship Via NOT ASSGND
BOL S195906
FOB Point PPD

MICHELLE CHAMBERS CUSTOMER SERVICE CONTACT
1-800-333-9856 (770)386-7716
RECVG HRS
1ST COME, 1ST SERVE FROM 6AM - 2PM
MUST CALL FOR APPT IF AFTER 2 00PM
2PM-9PM BY APPT ONLY ON DAY OF DELIVERY
DOCK OPEN MONDAY - FRIDAY
CONTACT LISA OR RECVG DEPT FOR APPT
319-927-4501
DELIVER 9/7/01

Shipped	Backorder	Item Number	Desc	UM	Price	Net Price
15,000 0	0 0	4712059011NSS001	59X60X 00115 SS SS		0 159	2,385 0

* * * D U P L I C A T E * * *

Non-Taxable	2,385 00	Currency USD	Line Total		2,385 00
Taxable	0 00	0 00%	Discount		0 00
Tax Date	08/31/01		SERVICE	10	0 00
			FREIGHT	20	0 00
			SPECIAL	30	0 00
			Total Tax		0 00
			Total		2,385 00

I N V O I C E

Invoice 181698 Revision 1
Invoice Date 02/15/02 Page 1
Print Date 03/18/03 Site 2110

Bill To 00011845

EXIDE CORPORATION
413 E BERG RD
SALINA, KS 67401
USA

P O 567422(OP)

Ship To A1184501

EXIDE CORPORATION
413 EAST BERG ROAD
SALINA, KS 67401
USA

Sales Order S154688
Order Date 02/12/02
Salesperson A00T600,

Credit Terms 1/10 N30
1% 10 DAYS, NET 30
Resale
Remarks DELIVER 02/21/02 OR BEFORE

Ship Date 02/15/02

Ship-to A1184501
Ship Via NOT ASSGND
BOL S217548
FOB Point PPD

MICHELLE WING CUSTOMER SERVICE CONTACT
1-800-333-9856 FX#770-386-4542
RECVG HRS 7 00 AM - 3 30 PM
MONDAY - FRIDAY
CONTACT NUMBERS 785-823-4046 (RECVG)
785-823-4084 (TRAFFIC CLERK)
NO APPT NEEDED
DELIVER 02/20/02 OR BEFORE

Shipped	Backorder	Item Number	Desc	UM	Price	Net Price
25,000 0	0 0	4712059011NSS003	59X60X 00115 SS	SS	0 159	3,975 0

* * * D U P L I C A T E * * *

Non-Taxable 4,150 00
Taxable 0 00
Tax Date 02/15/02

Currency USD

Line Total		3,975 00
0 00% Discount		0 00
SERVICE	10	0 00
FREIGHT	20	0 00
SPECIAL	30	0 00
Total Tax		0 00
Total		3,975 00