

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202492020140

In re Exide Technologies	Case Number 02-11125
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FILED
MAR 24 2003
BMC

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

02202492020140
MCGEE S EXECUTIVE SUITES RENTAL AGREEMENT DATED 8/
1278 JUSTIN RD STE 109
LEWISVILLE TX 75077-2200

- 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 Telephone Number 972-317-0005	CREDITOR TAX ID # 06-0021167	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> replaces or <input checked="" type="checkbox"/> amends a previously filed claim dated ?
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1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly): Services provided remaining balance	Your social security number _____
		Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 3-1-02	3 IF COURT JUDGMENT, DATE OBTAINED
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 3500 (unsecured)	\$ _____ (secured)
\$ _____ (unsecured priority)	\$ 35.00 (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

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.

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
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THIS SPACE FOR COURT USE ONLY

Exide Technologies
 02374

DATE SIGNED 3-20-03	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). Hinda Schoppa, Office Manager
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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

Invoice History

3/19/2003

Customer Job Exide Technologies

Invoice Date 03/01/2002

Invoice No 2044

Invoice Total 385 00

Memo

Payments, deposits of payments, credits, and discounts

<u>Type</u>	<u>Date</u>	<u>Number</u>	<u>Amount</u>	<u>Invoice Balance</u>
Payment	03/04/2002	1062353	-350 00	35 00

McGee's Executive Suites

1278 F M 407, Ste 109
Lewisville, TX 75077

Invoice

Date	Invoice #
3/1/2002	2044

Bill To
Exide Technologies Suite 18

P O No	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	March Rent - Suite 18	350 00	350 00
	Amenities Charge	10 00	10 00
	Excess Equipment Charge	25 00	25 00
	Sales Tax (7.25%)	7.25%	0 00
		Total	\$385 00

McGee's Executive Suites

March 20, 2003

Bankruptcy Management Corporation
P O Box 1063
El Segundo, CA 90245-1063

RE Exide Technologies
Suite 18 – Allan Dubose

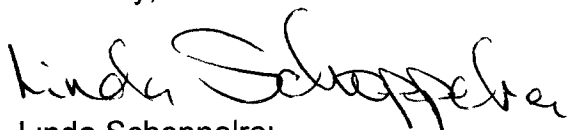
To Whom It May Concern

Attached please find the Proof of Claim forms, copies of supporting documentation, as well as an additional copy of each claim form and self-addressed stamped envelope so that I might receive an acknowledgement of our claim

To my knowledge these are the only outstanding balances for Exide Technologies during the designated period of time You will note, two of these claims are remaining balances that were left unpaid Both of these were for additional services that were provided per the signed Rental Agreement

If you have any questions, please feel free to call me at (972) 317-0005 Thank you for your consideration

Sincerely,



Linda Schoppelrei
Office Manager

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Attachments