UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

In re

Exide Technologies

Case Number

02-11125

02202491031752

YOUR CLAIM IS SCHEDULED AS

$0 00 PRIORITY CONTINGENT DISPUTED UNLIQUIDATED

FILED

APR 08 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

BOGDANSKI SUSAN J
1059 BOESHORE CIR
READING PA 19605-1174

Creditor Telephone Number (610) 926-1857

☐ 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

The amounts listed above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

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) Severance

Your social security number 190 46-7268

Unpaid compensation for services performed from 4/02 (date) to 6/02 (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ _____ (unsecured)	$ _____ (secured)	$ 15,624 01 (unsecured priority)	$ 15,624 01 (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

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

Exide Technologies

02729

DATE SIGNED
4/4/03

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)

Susan J Bogdanski Susan J Bogdanski

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

1059 Boeshore Circle
Reading, PA 19605

April 4, 2003

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

Dear Sir or Madam

I am a former 23 year employee of Exide Technologies I lost my job when Exide relocated its Corporate Headquarters from Reading, PA to Alpharetta, Georgia At the time, based on my years of severance and salary at that time, I earned 26 weeks of severance equaling $37,500 06 At the time when Exide filed for bankruptcy I had received $21,876 05 Therefore, under my severance agreement, which is attached, I am due $15,624 01 of unpaid severance At this time I am filing a claim against Exide Technologies for this amount

Sincerely,

Susan J Bogdanski

EXIDE TECHNOLOGIES

Exide Technologies
645 Penn Street
Reading PA 19606
610 378 0500
www.exide.world.com

October 16, 2000

Susan J Bogdanski
1059 Boeshore Circle
Reading, PA 19605

Dear Ms Bogdanski

As you know, Exide Corporation has acquired GNB As a result of the integration of the two companies, the Automotive Global Business Unit will be based in the Atlanta GA area We are unfortunately unable to offer you the opportunity to relocate

Your continuation of employment plays an important role in ensuring a smooth transition In recognition of this fact, we are offering you a transition bonus equal to one (1) week of pay for each two (2) weeks of work in addition to your monthly salary, so long as you remain employed by Exide between now and June 29, 2001 (the "Employment Separation Date") During this time period, you must continue perform all duties of your position satisfactorily, including transitional duties This transition bonus will be paid to you in one lump sum payment after June 29, 2001

In addition, upon your Employment Separation Date, you will be entitled to the following benefits from the Company

- 26 weeks of pay pursuant to the Exide Corporation Income Protection Policy for Salaried Employees ("IPP"),
- Payment for your accrued but unused vacation as of your termination date,
- Outplacement services, training, counseling and job search assistance, and
- Medical benefits through the end of the month in which you terminate employment plus one additional month of medical coverage for you and your covered dependents at the same cost you had been paying while you were actively employed

As an alternative to the above benefits, we are offering you the opportunity to enhance these benefits by participating in the Exide Corporation Severance Pay Plan ("Severance Plan") If you meet the eligibility requirements of the Severance Plan and sign a Release and Severance Agreement, you will receive severance benefits under the terms of the Severance Plan Your Severance Plan benefits will replace the benefits to which you would otherwise be entitled under the Exide Corporation Income Protection Policy for Salaried Employees, and the continuation of medical benefits under the terms of the Severance Plan will replace Exide's general medical benefit continuation policy Under this alternative, you would continue to be eligible for the outplacement services and payment for your accrued but unused vacation A copy of the Severance Plan and the Release and Severance Agreement are enclosed for your review

The following chart is a general comparison of the benefits offered to you under the IPP option versus the Severance Plan option. The following is only a summary If there is any discrepancy between this summary and the terms of the plan documents, the terms of the plan documents will control

Income Protection Policy	**Severance Pay Plan**
$1,442 31 payable weekly on the company's regular pay cycle for 26 weeks	$1,442 31 payable weekly on the company's regular pay cycle for 26 weeks
IPP discontinued or reduced if you become employed	Severance will continue even if you become employed
Periodic verification of employment status required for IPP	No verification of employment status required for severance
Medical benefits continued at your current cost until the earlier of (a) the first of the month after you become employed by another employer or (b) the end of the month after the month in which you are terminated from employment with Exide	Medical benefits continued at your current cost until the earlier of (a) the first of the month after you become eligible for coverage by another employer or (b) the end of the month in which the final severance payment is made

When the medical benefits provided to you by Exide under either the Income Protection Policy or Severance Plan cease, you will be entitled to elect continuation of your medical coverage, at your own cost, under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") Information on COBRA continuation coverage will be provided to you upon termination the medical coverage provided by Exide Exide will also provide you with a Certificate of Creditable Coverage pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") upon termination of the medical coverage provided by Exide If you require a HIPAA Certificate before that time, contact the Exide Human Resources Department

Enclosed in this package are several pieces of important information Among these are

- A Question & Answer pamphlet regarding your benefits and pension,
- A summary of the outplacement services, training, counseling and job search assistance that Exide has arranged for you,
- The Severance Plan, and
- The Release and Severance Agreement

Please read and consider the enclosed documents carefully You may want to have your legal advisor review the documents

If you choose to accept the enhanced benefits we are offering you under the Severance Plan option, you must sign the Release and Severance Agreement in accordance with the instructions on the cover sheet of that document Please pay careful attention to the deadline and instructions for return of that document Should you decide to forego the enhanced benefits under the Severance Plan option, you will continue to be eligible to participate in the IPP and other benefits outlined in the second paragraph of this letter

I would like to thank you for the service and dedication you have provided to Exide Corporation, and request your continued support throughout this transition

Sincerely,

EXIDE CORPORATION

Jack J Sosiak
Executive Vice President
Human Resources