UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202492050358

In re

EXIDE TECHNOLOGIES, et al.

Case Number

02-11125 (KJC)

C 23

FILED

APR 23

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

☐ 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

Name of Creditor and Address

02202492050358

CANTLON ASSOCIATES INC
PO BOX 20950
COLUMBUS OH 43220-0950

Creditor Telephone Number ( ) 614-442-8040

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 _____
31-4360660		

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 1,921.15	$	$	$ 1,921.15
(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

☐ 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.

FILED APR 23 2003 BMC

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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

03368

DATE SIGNED	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)
4/22/2003	William A Lukcso, President & CEO

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

Cantlon Associates, Inc
A/R Aging QuickZoom
As of April 22, 2003

Type	Date	Num	P O #	Name	Terms	Due Date	Aging	Open Balance
Exide Technologies								
Invoice	10/22/'01	56577		Exide Technologies	DUE UP	10/22/'01	547	334 69
Invoice	10/22/'01	56578		Exide Technologies	DUE UP	10/22/'01	547	921 41
Invoice	3/21/'02	57760		Exide Technologies	DUE UP	3/21/'02	397	331 34
Invoice	9/9/'02	59059		Exide Technologies	DUE UP	9/9/'02	225	333 71
Total Exide Technologies								1,921 15
TOTAL								**1,921 15**

Cantlon Associates, Inc

4621 Reed Road
P O Box 20950
Columbus, OH 43220-0950

Invoice

DATE	INVOICE #
10/22/'01	56577

BILL TO
Mr Bruce Fowler Risk Management Exide Technologies 13000 Deerfield Parkway BLD 200 Alpharetta, GA 30004-8532

P O NO	TERMS	PROJECT
	DUE UPON RECEIPT	

QUANTITY	DESCRIPTION	RATE	AMOUNT
6,693 86	Premium	0 05	334 69

WORKERS' COMPENSATION SERVICES FOR THE PERIOD
01/01/2001 to 06/30/2001

Total $334 69

Cantlon Associates, Inc

4621 Reed Road
P O Box 20950
Columbus, OH 43220-0950

Invoice

DATE	INVOICE #
10/22/'01	56578

BILL TO
Mr Bruce Fowler Risk Management Exide Technologies 13000 Deerfield Parkway, BLD 200 Alpharetta, GA 30004-8537

P O NO	TERMS	PROJECT
	DUE UPON RECEIPT	

QUANTITY	DESCRIPTION	RATE	AMOUNT
9,214 09	Group Rating Plan Administration Fees	0 10	921 41

STATE FUND GROUP SERVICES FOR THE PERIOD
Group Savings 01/01/2001 to 06/30/2001

Total $921 41

Cantlon Associates, Inc

4621 Reed Road
P O Box 20950
Columbus, OH 43220-0950

Invoice

DATE	INVOICE #
3/21/'02	57760

BILL TO
Mr Bruce Fowler Risk Management Exide Technologies 13000 Deerfield Parkway, BLD 200 Alpharetta, GA 30004-8532

P O NO	TERMS	PROJECT
	DUE UPON RECEIPT	

QUANTITY	DESCRIPTION	RATE	AMOUNT
6 626 74	Premium	0 05	331 34

WORKERS' COMPENSATION SERVICES FOR THE PERIOD
07/01/2001 to 12/31/2001

Total $331 34

Cantlon Associates, Inc

4621 Reed Road
P O Box 20950
Columbus, OH 43220-0950

Invoice

DATE	INVOICE #
9/9/'02	59059

BILL TO
Mr Bruce Fowler Risk Management Exide Technologies 13000 Deerfield Parkway, BLD 200 Alpharetta, GA 30004-8532

P O NO	TERMS	PROJECT
	DUE UPON RECEIPT	

QUANTITY	DESCRIPTION	RATE	AMOUNT
11 441 31	Premium	0 05	572 07

WORKERS' COMPENSATION SERVICES FOR THE PERIOD
01/01/2002 to 04/15/2002

Total $572 07