

**PROOF OF CLAIM**

In re  
Exide Technologies

Case Number  
02-11125

85095  
**YOUR CLAIM IS SCHEDULED AS**  
sa23806  
UNKNOWN UNSECURED CONTINGENT  
DISPUTED UNLIQUIDATED

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**

NELSON, ROBERT L  
1045 W MAPLE CT  
ONTARIO CA 91762

02209279093456

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 reflected 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. THIS SPACE IS FOR COURT USE ONLY.

Creditor Telephone Number ( )

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold
- Personal injury/wrongful death
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Services performed
- Taxes
- Wages, salaries, and compensation (Fill out below)
- Money loaned
- Other (describe briefly)

Your social security number 572-64-3395

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

22 WEEKS SEVERENCE PAY

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ 19,000.00 (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**

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.

REC'D AUG 05 2004

**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, prevailing Eastern Time on July 26, 2004.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO  
Exide Technologies, et al  
c/o Bankruptcy Management Corporation  
PO Box 1063  
El Segundo, CA 90245 - 1063

BY HAND OR OVERNIGHT DELIVERY TO  
Exide Technologies et al  
c/o Bankruptcy Management Corporation  
1330 East Franklin Ave  
El Segundo, CA 90245

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)

7-6-04

Robert L Nelson

ROBERT L. NELSON

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



04668

From: Robert L. Nelson  
SS# 572-64-3395  
1045 W. Maple Ct  
Ontario, Calif. 91762  
Telephone ( 909 ) 984-9409

Chapter 11  
Case Number 02-11125 (KJC)  
(Jointly Administered)  
Claim Schedule: sa23806  
Exide Technologies, et al., Reorganized Debtors

United States Bankruptcy Court, Robert N.C. Nix Federal  
Courthouse ,900 Market Street, Philadelphia , Pennsylvania 19107

**SECOND OMNIBUS NON-SUBSTANTIVE OBJECTION TO  
CLAIMS**

To: The Judge of The United States Bankruptcy Court and Others  
to whom it may concern.

Your Honor:

This Claim is a result of Exide Technologies failure to honor a  
signed Notarized Legal Agreement to pay me one week  
“Severance Pay” for every year of my 26 years of Employment.  
I received only Two Payroll Checks that covered four weeks of  
that Agreement. Then Exide Filed Bankruptcy (how Convenient to  
get out of paying the Hundreds of Employees that had also signed  
agreements and everyone else Exide Owed Money to, However the  
handful of Employees who were Terminated “Post” Bankruptcy

had their Payroll Protection Plans re-instated. But not the Hundreds like Myself who were Terminated "Pre" Bankruptcy )

This Agreement was called a "Payroll Protection Plan" and in my accepting and signing this agreement meant that I could not bring Lawsuit against Exide for "Age Discrimination" or any present or future "Health Problems" arising from my years of Employment in their Battery Factory located at 14500 Nelson Ave., City Of Industry , California.

I am now Disabled and on Social Security Disability Insurance. For Health and Financial reasons it is impossible for me to secure an Attorney in Delaware or Pennsylvania and Travel there to appear in this Case.

I find it Ludicrous that Exide will not pay My Claim after seeing the Hundreds of thousands of Dollars in Bonuses Exides Top Executives were paid (post Bankruptcy) and the Hundreds of Thousands of Dollars ( above his other Bonuses ) that Craig Muhlhauser, the Top Man at Exide was awarded by the Court to remain with Exide to get the Company back on Track.

I'm trusting the Court will do the right thing for an "Ex" 26 Year Loyal Employee.

Thank You,



Robert L. Nelson

7-6-04



**Exide Technologies**  
**Transportation Business Gro**  
14500 Nelson  
City of Industry Ca 91746  
626 336 4571 tel  
626 961 3098 fax  
www.exide.com

January 16, 2002

Robert I Nelson  
ExideTechnologies  
City of Industry, CA 91744

Dear Robert I

Business circumstances will necessitate the reduction of the manufacturing operations at the City of Industry, California plant located at 14500 Nelson Ave on or about March 17, 2002. The situation will affect over half of the employees currently working at the site.

We are submitting this letter in compliance with the Final Rule implementing the Worker Adjustment and Retraining Notification Act (WARN) and Section 3(a) of WARN.

In the very near future we will be communicating with each salaried employee who is affected by this decision. At that time you will be notified of your status and the details of Exide's Income Protection and benefit continuation plan.

If you have any questions please contact Roger Mason, Plant Manager, at 626-336-4571.

Sincerely,

Calvin Wright  
Director Human Resources  
ExideTechnologies

EXIDE Technologies  
 Earnings and Deductions Report

2643395 NELSON, ROBERT L CKCN-39258130-  
 1045 W MAPLE CT  
 ONTARIO CA 91762

Route INC PRO  
 Check/Item 988652  
 Pay Date 04/09/02  
 Period End 04/15/02

Earnings	Hours	Rate	Amount	Deduction	Amount	YTD Amount
				AD & D		3 48
				* Total Ded's	372 86	
Totals	Hrs- 86 67	Gross- Taxbl-	1,883 43 1,851 98	Net Pay-	1,510 57	