FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware _____

PROOF OF CLAIM

Name of Debtor
Core Mark International, Inc

Case Number
03 10944 MFW

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 (The person or other entity to whom the debtor owes money or property)
Transport International Pool Inc

☐ 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

Name and address where notices should be sent
c/o Martin J Weis
Dilworth Paxson LLP
1735 Market Street, Suite 3200, Philadelphia, PA 19103

Telephone number 215-575-7000

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
02254206

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☑ Other trailer leases/rentals

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred 8/3/01

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 931.93

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, if any $_____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

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 4/1/04 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

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FILED
MAY 22 2003
BMC

Date 5/13/03

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)

Antonia O McVey

Fleming Companies Claim
00469

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or both

Additional documents available upon request

Report Date
04/02/2003

Open Invoice Aging by Customer

Invoice Number	Currency	Invoice Amount	Outstanding Amount	Invoice Date	Days Late	Aged Open Item Balance 1-30 Days	31-60 Days	61-90 Days	91-180 Days	181+ Days
Customer	02254206 CORE MARK INTERNATIONAL, INC									
Bill To Address	31300 MEDALLION DRIVE HAYWARD, CA 94544									
Branch	0739 HAYWARD, CA									
31474609	USD	$678 38	$678 38	8/3/01	607					$678 38
31501569	USD	$253 55	$253 55	8/31/01	579					$253 55
Total USD		$931 93	$931 93							$931 93
Cust Total USD		$931 93	$931 93							$931 93
Report Total USD		$931 93	$931 93							$931 93

Total for Report 2 invoices

Total cust for Report 1 customer

Search Criteria Customer Number like 02254206%, Writeoff Status like OPERATING%