[redacted]

DELAWARE COUNTY IOWA
FILED
2002 SP 12 AM 11:15
BOOK 2002 PAGE 3223
DEBORAH L. PETTON
DELAWARE CO RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
JoEllen Russell (ext. 19)	

B. RETURN TO: (Name and Address)

Phone: 800/383-5050
Search Network, Ltd.
2 Corporate Pl, Ste 210
1501 42nd St
West Des Moines, IA 50266

ENV

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME: EXIDE CORPORATION

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE ☐ CERTIFIED (Optional)
Select one of the following two options: ☐ ALL (Check this box to request a response that is complete, including filings that have lapsed.) ☐ UNLAPSED

2b. COPY REQUEST ☐ CERTIFIED (Optional)
Select one of the following two options: ☐ ALL ☐ UNLAPSED

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
37-1964	12/31/97	NEED ATTACHMENTS AND ANY UCC 3'S THAT TIE
		TO THIS NUMBER.

3. ADDITIONAL SERVICES:

"CAUTIONARY NOTICE OF SEARCH"

Beginning July 1, 2001, searches of county recorder's re[illegible] related **UCC** re[illegible] not reflect **all filings. This is because** a[illegible] July 1, **2001,** re[illegible] records **will only be recorded in the** [illegible] **records,** and not filed **or indexed in the UCC records.**
Also, searches of **county recorder's consumer goods** U[illegible] **performed** on or after July 1, 2001, **may not reflect all fil**[illegible] **because** [illegible] 1, 2001, only **terminations of cons** **filing**[illegible] the UCC records. After Ju[illegible] C[illegible] with the Secretary of State.

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. ☐ Pick Up

4b. ☒ Other PLEASE MAIL BACK.

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)