[redacted]

DELAWARE COUNTY IOWA
FILED
2003 AP 30 AM 10: 23
BOOK 3 PAGE 2036
DEBORAH L. PEYTON
DELAWARE CO. RECORDER
N/C

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
ENV. (X) Search Network, Ltd.
2 Corporate Pl, Ste 210
1501 42nd St
West Des Moines, IA 50266

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 (FOR REFERENCE ONLY)

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)
1084 BK50/PG83	09/24/98	72 Pages
G12926 BK4071582/PG002	09/11/98	76 Pages
1075 BK50/PG81	09/23/98	86 Pages
		Total of 234 Copies

3. ADDITIONAL SERVICES:

PLEASE INCLUDE ANY UCC3'S

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
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)