

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

FILED
MAY 14 AM 11:34
CLERK OF FEDERAL BANKRUPTCY COURT
DISTRICT OF DELAWARE

In re:
EXIDE TECHNOLOGIES
Reorganized Debtor

Chapter 11
Case No. 13-11482 (KJC)
Hrg. Date: June 23, 2015 at 10:00am (Eastern)
Obs. Due: MAY 15, 2015 at 4:00 P.M. (Eastern)

NOTICE OF RESPONSE

PLEASE TAKE NOTICE that the Claimant Willard A. CONNER Responding to Sixteenth Omnibus Objection Pursuant to Bankruptcy Code Section 502(b) Bankruptcy Rule 3007 and Local Rule 3007-1 to certain liability Employee or Retiree Claim (the Objection)

That above Debtor, reorganized debtor (Exide) is required by rules governing termination of single-employer plans (PBBC) to purchase an annuity from insurance company to provide lifetime benefits when I retire or provide a one lump sum. In this I ask for 33,000 dollar one lump sum as this being the amount I would have draw over my lifetime from (Pension Benefit Guaranty Corporation)

PLEASE TAKE NOTICE: if it pleases HONORABLE KEVIN J. CAREY that I ask to be granted this judgement

Debtor's Taxpayer Number 2730 (new Exide)
Claim Number: 1547

In accordance with the Plan's investment policy, the Plan's assets were allocated among the following categories of investments, as of the end of the Plan Year. These allocations are percentages of total assets:

Asset Allocations	Percentage
1. Cash (interest-bearing and non-interest bearing)	1.9%
2. U.S. Government securities	0.0%
3. Corporate debt instruments (other than employer securities):	
Preferred	0.0%
All other	0.0%
4. Corporate stocks (other than employer securities):	
Preferred	0.0%
All other	0.0%
5. Partnership/joint venture interests	0.0%
6. Real estate (other than employer real property)	0.0%
7. Loans (other than to participants)	0.0%
8. Participant loans	0.0%
9. Value of interest in common/collective trusts	67.4%
10. Value of interest in pooled separate accounts	0.0%
11. Value of interest in master trust investment accounts	0.0%
12. Value of interest in 103-12 investment entities	0.0%
13. Value of interest in registered investment companies (e.g., mutual funds)	30.7%
14. Value of funds held in insurance co. general account (unallocated contracts)	0.0%
15. Employer-related investments:	
Employer Securities	0.0%
Employer real property	0.0%
16. Buildings and other property used in plan operation	0.0%
17. Other	0.0%

For information about the Plan's investment in any of the following types of investments as described in the chart above – common/collective trusts, pooled separate accounts, master trust investment accounts, or 103-12 investment entities – contact the Exide Technologies Human Resources Department at 13000 Deerfield Parkway, Building 200, Alpharetta, GA 30004, or at 678-566-9000.

Right to Request a Copy of the Annual Report

A pension plan is required to file with the US Department of Labor an annual report (i.e., Form 5500) containing financial and other information about the plan. Copies of the annual report are available from the US Department of Labor, Employee Benefits Security Administration's Public Disclosure Room at 200 Constitution Avenue, NW, Room N-1513, Washington, DC 20210, or by calling 202.693.8673. Or you may obtain a copy of the Plan's annual report by making a written request to the plan administrator.

Summary of Rules Governing Termination of Single-Employer Plans

Employers can end a pension plan through a process called "plan termination." There are two ways an employer can terminate its pension plan. The employer can end the plan in a "standard termination" but only after showing the PBGC that the plan has enough money to pay all benefits owed to participants. The plan must either purchase an annuity from an insurance company (which will provide you with lifetime benefits when you retire) or, if your plan allows, issue one lump-sum payment that covers your entire benefit. Before purchasing your annuity, your plan administrator must give you advance notice that identifies the insurance company (or companies) that your employer may select to provide the annuity. The PBGC's guarantee ends when your employer purchases your annuity or gives you the lump-sum payment.



To: Participants and Beneficiaries in the Exide Technologies Retirement Plan and Labor Unions Representing these Participants and Beneficiaries

Date: April 30, 2010

Re: Annual Funding Notice

Enclosed please find the annual funding notice for the Exide Technologies Retirement Plan (the "Plan"). The Pension Protection Act of 2006 requires us to provide you with this notice each year.

This notice describes the assets and liabilities of the Plan and how well the Plan is funded. It also provides some general information about the Plan, such as the number of participants and its investments.

Though we are required by law to provide you with this information about the Plan's assets and funded status, please understand that your benefit is not directly affected by either of these. The Plan is a "defined benefit" plan. This means that you are entitled to a specific benefit determined by a formula contained in the Plan. If the assets of the Plan are greater than the amount necessary to pay all benefits, your benefit will not increase. Likewise, if the assets of the Plan are not sufficient to pay benefit as they become due, Exide Technologies is required to make up any shortfall. (Moreover, even if Exide Technologies becomes insolvent or bankrupt, most benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). The funding notice includes additional information about the PBGC and the insurance it provides.)

If you have questions about this notice, the final paragraph of the notice itself contains the relevant contact information.

Summary Annual Report

for

EXIDE TECHNOLOGIES RETIREMENT PLAN

This is a summary of the annual report for the EXIDE TECHNOLOGIES RETIREMENT PLAN, (Employer Identification No. 23-0552730, Plan No. 075) for the period January 1, 2007 to December 31, 2007. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

Benefits under the plan are provided by a trust (benefits are provided in whole from trust funds). Plan expenses were \$20,350,875. These expenses included \$2,162,209 in administrative expenses and \$18,188,666 in benefits paid to participants and beneficiaries. A total of 14,167 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits. The value of plan assets, after subtracting liabilities of the plan, was \$278,902,683 as of December 31, 2007 compared to \$246,600,227 as of January 1, 2007. During the plan year the plan experienced an increase in its net assets of \$32,302,456. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The plan had total income of \$52,653,331, including employer contributions of \$35,647,934, gains of \$291,985 from the sale of assets and earnings from investments of \$16,713,412.

MINIMUM FUNDING STANDARDS

An actuary's statement shows that enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA.

Monthly pension benefit to you for life with 75% of your benefit continuing to your spouse upon your death.			
100% Joint and Survivor Annuity - Monthly pension benefit to you for life with 100% of your benefit continuing to your spouse upon your death.	\$169.97	\$169.97	100.0 %

*Payable for the remainder of the guaranteed period.

The monthly survivor benefit amount shown above is for illustration purposes only, based on a spouse the same age as yourself. If you would like this benefit updated to show an estimated amount based on your actual spouse's age, please contact us and provide your spouse's date of birth.

PLEASE NOTE: In accordance with federal regulations, an optional form of benefit will be considered as being approximately equal in value (100% in the above table) if its relative value falls within the range of 95% - 105%.

Relative Values

To help you compare the optional forms of payment available to you, the relative values of these options have been determined as required by IRS regulations. The information above shows the relative economic values of these options if payments begin on the date indicated. This relative value comparison is intended to allow you to compare the total value of your benefits paid in different forms.

Relative value is designed to help you compare the different benefit options available to you as related to your Single Life Annuity Benefit. To make this comparison, the value of each optional form was converted to your Single Life Annuity Benefit using interest and life expectancy assumptions and then expressed as a percentage of the Single Life Annuity Benefit. An interest assumption of 1.99% for payments due in the next 5 years, 4.47% for payments due in the following 15 years, and 5.26% for payments due in later periods; and the IRS Mortality Table defined in IRS Revenue Ruling 2007-67 were used for converting all optional forms of payment.)

These comparisons were based on the time value of money and on average life expectancies, but the actual relative value of each payment option ultimately depends on how long you and any beneficiary live.

The selection of an optional form is an important decision and the best choice for you will depend on many factors other than relative value. You should discuss this choice with your family and your financial advisor.

If you have any questions, please call **Exide's Reserve Power at 1-800-473-4015.**

Service Representatives are available to speak to you Monday through Friday between the hours of 9:00AM and 8:00PM Eastern Time.

Exide's Reserve Power

Exide's Reserve Power PO Box 1014 Totowa, NJ 07511-1014



Retirement Package

September 11, 2012

Mr. WILLARD A. CONNER
6080 NW 55TH AVENUE
OCALA, FL 34482

Dear Mr. CONNER:

You have advised us of your intent to retire. Under the Exide Technologies Retirement Plan, your benefit becomes available to you upon termination. In order to process your retirement on a timely basis, please complete the enclosed forms, provide all required documents (such as birth certificates, marriage certificate, etc.) and return them to Exide's Reserve Power. We must receive all election forms, along with required documentation, within 90 days before your benefit commencement date. **If we do not receive your completed forms and documentation in a timely manner, your pension payment may have to be recalculated with a later starting date.**

The Retirement Package Includes:

- Statement of Estimated Retirement Benefit
- Explanation of Retirement and Payment Options
- Retirement Application Form
- Direct Deposit Authorization Form
- State Income Tax Withholding Explanation and Election Form
- Federal Income Tax Withholding Election Form W-4P

If you have any questions, please call **Exide's Reserve Power at 1-800-473-4015.**

Service Representatives are available to speak to you Monday through Friday between the hours of 9:00AM and 8:00PM Eastern Time.

Exide's Reserve Power

Exide's Reserve Power PO Box 1014 Totowa, NJ 07511-1014

WILLARD CONNER, ***-**-7659

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Statement of Estimated Retirement Benefit

This letter will provide estimates of the retirement benefit you would be entitled to receive under the Exide Technologies Retirement Plan for all payment options available to you. Please read carefully the information which follows. After you have reviewed the information in this statement, you must complete the enclosed retirement forms and return them to Exide's Reserve Power within 90 days before your payment commencement date to commence payment. You are entitled to a period of at least 30 days within which you must decide when to have payment of your retirement benefit begin and whether to select an optional payment form. However, you may waive your right to this 30-day period by completing the waiver contained in the Retirement Application Form.

If any of the data shown is incorrect, please contact **Exide's Reserve Power**.

A. Your Benefit Estimate Data

Name:	WILLARD A. CONNER		
Date of Birth:	09/24/1952	Age at Retirement:	60.1667
Termination Date:	09/30/1988	Vesting Service:	17.5000
Retirement Date:	12/01/2012		
Normal Retirement Date:	10/01/2017		

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Acceptable Proof of Age

For each retiring Participant and Beneficiary (other than under the period certain and life annuity option), a proof of age is required. A photocopy of one of the following documents is acceptable:

- Birth Certificate
- Military Records
- Social Security Award Letter
- Passport
- School Records

B. Retirement Information (Choose One):

- I elect to receive my benefits as of the Effective Date of Benefit Commencement indicated above.
- I elect to defer receipt of my benefits to a later date, no later than my Normal Retirement date. (Note: No further elections are required at this time.)

C. Form of Payment Election (Choose One):

Having received an **Explanation of Retirement and Payment Options** and a **Statement of Retirement Benefit** showing all options available to me, I request that my benefits be paid as follows. I hereby elect to waive the automatic form of payment (Single Life Annuity for unmarried participants, 50% Joint & Survivor Annuity for married participants) unless I have elected the automatic form below:

- Single Life Annuity.** Under this option, I will receive a lifelong monthly payment. This benefit will cease on my death. No benefit will be paid to anyone after my death. This is the automatic form of payment for a single person.
- Joint and Survivor Annuity.** Under this option, I will receive a lifelong monthly payment. After my death, lifelong monthly payments will be made to my spouse, if he/she survives me, equal to the amount of the monthly payment during my life multiplied by the following percentage (the 50% Joint and Survivor Annuity is the automatic form of payment for a married person):
 - 100% 75% 66 2/3% 50% 33 1/3% 25%
- Period Certain and Life Annuity.** Under this option, I will receive a lifelong monthly payment. If I die before receiving the guaranteed number of payments, the remaining payments will be made to my designated beneficiary(ies). If I die after receiving the guaranteed number of payments, the benefit will cease and no benefit will be paid to anyone after my death.

- 5-Year (60 months) 10-Year (120 months) 15-Year (180 months)

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OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATION OF BIRTH

DELAYED

STATE FILE NUMBER: 109-1952-074479

CHILD'S NAME: WILLARD ALLEN CONNER

DATE OF BIRTH: SEPTEMBER 24, 1952

SEX: MALE

COUNTY OF BIRTH: POLK

DATE FILED: DECEMBER 8, 1966

MOTHER'S MAIDEN NAME: MERDIAREE MULKEY

FATHER'S NAME: LONNIE CONNER

DATE ISSUED: AUGUST 9, 2010

DOCUMENT DATE

December 12, 1966

September 7, 1958

DOCUMENT NOTES

AFFIDAVIT BY MOTHER MERDIAREE (MAIDEN NAME MULKEY) CONNER
STATING FACTS OF BIRTH REGARDING SAID CHILD ARE TRUE AND
CORRECT

SCHOOL RECORD, LAKE ALFRED JR. HIGH, LAKE ALFRED, FLORIDA
PROVING BIRTH FACTS TO BE TRUE AND CORRECT

VOID IF ALTERED OR ERASED

C. Fred G...

REQ 2010736156

Section D. Authorization for Your State Income Tax Withholding Election

This section **must be signed** in order for your tax withholding election to be processed.

Please withhold state income tax for my state of legal residence (shown in Section A) from my pension payments as indicated by my elections in Section C. If applicable, this election includes identifying my state of legal residence as a state that does not permit state income tax withholding. This form supersedes all qualified plan state income tax withholding elections elected by me before the date I signed this form.

Your Signature Willard A Conner Date 9-25-2012

Your Social Security Number
(Required) _____

Please retain a copy of this complet

If you have any questions, please call **Exide's Reserve Power at 1-800-473-4015.**

Service Representatives are available to speak to you Monday through Friday between the hours of 9:00AM and 8:00PM Eastern Time.

Exide's Reserve Power

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Direct Deposit Authorization Form

Name: WILLARD A. CONNER Social Security Number _____ (required)

I request and authorize that my prior direct deposit instructions be **CANCELLED** as of _____. Monthly benefits payable from the Exide Technologies Retirement Plan will be made by check and mailed to my address on record.

I request and authorize you to credit my account, as identified below, with any monthly benefits payable to me from the Exide Technologies Retirement Plan.

What type of account is this? Checking (attach a voided check) Savings (attach a deposit slip)

Account Number: 171015136600

Bank Address: Publix Employees Federal Credit Union
P.O. Box 1000 Lakeland, Florida 33802-1000
Ph# 1-863-683-6404

ACH Routing Number (must be 9 digits): 263179817

In the event that my account is credited in error, I also authorize both you and my financial institution to debit my account for any such amount.

This request for Direct Deposit of payments replaces any previous request. I understand that I may cancel or change this arrangement, in such time and manner that you and my financial institution have a reasonable opportunity to act on my instructions.

IMPORTANT: Attach a voided check (checking) or deposit slip (savings).

Signature Willard A. Conner

Date 9-25-2012

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E. Designated Beneficiary –Period Certain and Life Annuity

*If you elected a **Period Certain and Life Annuity** form of payment, you must provide the following details of your beneficiary. You may change this designation at any time before the end of the certain period (with your spouse's consent, if you are married).*

I understand that my Primary Beneficiary would receive the survivor benefit after my death and my Alternate Beneficiary would receive the survivor benefit after my death if my Primary Beneficiary predeceases me.

Primary Beneficiary

Name: Julia Lee Giffin Social Security Number: _____
Relationship: partner Date of Birth: 7-7-1944 Gender: F
Home Address: 6080 NW 55th Ave
Ocala, Florida 34482

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WILLARD CONNER, ***-**-7659

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G. Waiver of 30-Day Decision Period

I understand that I have the right to at least 30 days, following receipt of the **Retirement Package**, to decide the form of payment under which I am to receive my benefit and if applicable, to consider whether to commence receiving my benefit before my Normal Retirement Date (the first day of the month after the date I reach age 65). If my payment commencement date falls within the 30-day period, I hereby waive the 30-day election period. However, I understand that I may revoke this waiver and make a new election at any time before payments begin or within 7 days after the date of this letter, if later.

H. Participant Signature and Acknowledgement

I have read the information included in my Retirement Package which was provided to me and I hereby make application for retirement and apply for payment of my benefit under the Exide Technologies Retirement Plan.

To the best of my knowledge, the information submitted above is complete and accurate. I understand that I can revoke my waiver of the automatic form of payment at any time before my benefit commencement date. I understand that I cannot change my form of payment election once payment of my retirement benefit begins.

Signature of Participant: Willard A. Conner Date 9-25-2012

Signature of Witness: Julia L. Kiffin Date 9-25-2012

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WILLARD CONNER, ***-***-7659

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State Income Tax Withholding Explanation and Election Form

Name: Willard A Conner
Address: 6080 NW 55TH AVENUE
OCALA, FL 34482

Section A. Personal Information (Please Print)

If your mailing address on this form is not the address you use as your legal residence for your federal and state income tax, please provide your legal address for tax filing purposes in the space below. Or, if any of the information printed above has changed or is incorrect, please indicate the new information in this section.

Name: Willard A Conner Social Security Number:
Home Address: 6080 NW 55th Ave
OCALA, Florida
City: _____ State: Florida Zip: 34482
Home Phone No.: (352) 629-1544

Section B. Withholding Instructions

This form is used to make your state income tax withholding election for your qualified monthly pension payments from the Exide Technologies Retirement Plan. Since each state has different rules, the information that follows has been categorized by state. You should carefully read the rules for the state in which you maintain your legal residence before making your withholding elections. **Be sure to sign this form in Section D and return it to the Exide's Reserve Power.**

Exide's Reserve Power PO Box 1014 Totowa, NJ 07511-1014

WILLARD CONNER, ***-**-7659 ORLANDO 09/11/2012 10:07 AM LET2500

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Retirement Application Form

- Section A of this form contains pre-printed information. You must verify the information in this section and correct or add any missing information.
- You must complete Sections B, C and H, and read Section G.
- If you elect a Joint and Survivor Annuity you must also complete Section D and if you have elected the 25% or 33 1/3% Joint and Survivor Annuity with your spouse as your designated beneficiary, Section F.
- If you elect a Period Certain and Life Annuity, you must also complete Section E and if you are married, Section F.

A. Employee Data

Name: WILLARD A. CONNER

Date of Birth: 09/24/1952
(Submit proof of age. See list of acceptable proofs below.)

Home Address: 6080 NW 55TH AVENUE
OCALA, FL 34482

Home Phone Number: ~~352-629-1544~~

Normal Retirement Date: 10/01/2017

Effective Date of Benefit Commencement: 12/01/2012

Change Number from
352-629-1544
TO 352-512-9863

Marital Status (check more than one box if applicable):

- | | | |
|--|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married (attach copy of marriage certificate) | <input type="checkbox"/> Widowed (attach copy of spouse's death certificate) |
| <input type="checkbox"/> Separated (attach copy of marriage certificate) | <input checked="" type="checkbox"/> Divorced (attach copy of divorce decree) | <input checked="" type="checkbox"/> Qualified Domestic Relations Order is in effect (attach copy of QDRO) |

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WILLARD CONNER, ***-**-7659

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C.3	<p>If you reside in Iowa – State income tax withholding is required, unless you elected not to have federal income tax withheld on Form W-4P, or if your yearly distribution is less than \$6,000 (\$12,000 if filing jointly) and you are age 55 or older, disabled or a surviving spouse of a qualifying individual. Check the appropriate box(es). If needed, fill in the number of allowances and additional dollar amount. Sign this form in Section D.</p> <p>A) <input type="checkbox"/> I have elected not to have federal income tax withheld on Form W-4P, or my yearly distribution is less than \$6,000 (\$12,000 if filing jointly) and I am age 55 or older, disabled or a surviving spouse of a qualifying individual, and I elect not to have state income tax withheld from my pension payments.</p> <p>B) <input type="checkbox"/> I elect to have state income tax withheld from my pension payments in accordance with the number of allowances and marital status indicated below:</p> <p>a. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate.</p> <p>b. Number of allowances: ____ (enter a number, if none, enter "0").</p> <p>c. Additional dollar amount per month: \$____ (if none, enter "\$0", whole dollars only).</p>
C.4	<p>If you reside in Alaska, Florida, Hawaii, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming – You may not elect to have state income tax withheld (as these states do not allow for it). If you live in one of these states, check this box and sign this form in Section D.</p> <p><input checked="" type="checkbox"/> I live in one of these states, as indicated by my legal residence shown in Section A, therefore, no state income tax will be withheld.</p>
C.5	<p>If you reside in Arizona – If you wish to have state income tax withheld, the amount withheld must be a fixed percentage of your gross monthly pension payment. Select your percentage and fill in additional dollar amount and sign this form in Section D.</p> <p>Withhold: 0% <input type="checkbox"/> 0.8% <input type="checkbox"/> 1.3% <input type="checkbox"/> 1.8% <input type="checkbox"/> 2.7% <input type="checkbox"/> 3.6% <input type="checkbox"/> 4.2% <input type="checkbox"/> 5.1% <input type="checkbox"/></p> <p>Additional dollar amount per month: \$____ (if none, enter "\$0", whole dollars only).</p>

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Monthly pension benefit to you for life with 75% of your benefit continuing to your spouse upon your death.			
100% Joint and Survivor Annuity - Monthly pension benefit to you for life with 100% of your benefit continuing to your spouse upon your death.	\$169.97	\$169.97	100.0 %

*Payable for the remainder of the guaranteed period.

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Relative Values

To help you compare the optional forms of payment available to you, the relative values of these options have been determined as required by IRS regulations. The information above shows the relative economic values of these options if payments begin on the date indicated. This relative value comparison is intended to allow you to compare the total value of your benefits paid in different forms.

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If you have any questions, please call **Exide's Reserve Power at 1-800-473-4015.**

Service Representatives are available to speak to you Monday through Friday between the hours of 9:00AM and 8:00PM Eastern Time.

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