

Fill in this information to identify the case:

Debtor Multi-Color Corporation

United States Bankruptcy Court for the: _____ District of New Jersey
(State)

Case number 26-10910

**Official Form 410
Proof of Claim**

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>AMEX TRS Co., Inc.</u> _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701 Contact phone <u>610-228-2570</u> Contact email <u>proofofclaim@becket-lee.com</u>	Where should payments to the creditor be sent? (if different) AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701 Contact phone <u>610-228-2570</u> Contact email <u>payments@becket-lee.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1001 _____

7. How much is the claim? \$ 1425.19. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
CREDIT CARD

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
 Yes. Check all that apply:

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/05/2026
MM / DD / YYYY

/s/Shraddha Bharatia
 Signature

Print the name of the person who is completing and signing this claim:

Name Shraddha Bharatia
First name Middle name Last name

Title Claims Administrator

Company Becket and Lee LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1788 | International (310) 751-2688

Debtor: 26-10910 - Multi-Color Corporation District: District of New Jersey, Trenton Division		
Creditor: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern , PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: Email: proofofclaim@becket-lee.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: E-mail: payments@becket-lee.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No
Basis of Claim: CREDIT CARD		Last 4 Digits: Yes - 1001 Uniform Claim Identifier:
Total Amount of Claim: 1425.19		Includes Interest or Charges: Yes
Has Priority Claim: No		Priority Under:
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No		Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Shraddha Bharatia on 05-Mar-2026 7:43:25 a.m. Pacific Time Title: Claims Administrator Company: Becket and Lee LLP		

COMPANY: MULTI-COLOR CORPORATION		
CONTROL NUMBER: 1002		
TODAYS DATE: 3/5/2026		
PETITION DATE: 1/29/2026		
NAME	ACCOUNT NUMBER	CLAIM BALANCE
SARAH N SMITH	1001	\$506.56
JAMES MALTRY	1006	\$244.58
BRIAN WEAVER	1009	\$13.17
CHERYL KIER	1008	\$440.88
JOSEPH A MUMMERT	2006	\$220.00
TOTAL		\$ 1,425.19



Corporate Card Statement of Account

Sign-up For Online Statements
www.americanexpress.com/gopaperless

Prepared For
SARAH N SMITH
MULTI-COLOR CORP

Account Number
[REDACTED] 1001

Closing Date
03/30/21

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By Due \$ 04/14/21
506.56	0.00	0.00	0.00	0.00	506.56

For important information regarding your account refer to page 2.

Your account is canceled. Please contact us immediately.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity

Amount \$

Total of New Activity	New Charges/Other Debits	0.00
	Payments/Other Credits	0.00

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

SARAH N SMITH
MULTI-COLOR CORP
165 SYCAMORE GLEN DR
WILMINGTON OH 45177

Account Number
[REDACTED] 1001

Payable upon receipt in U.S. Dollars.

Please Pay By 04/14/21

Enter 15 digit account number on all payments.

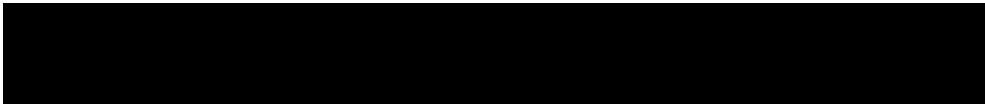
Amount Due \$506.56

Checks or drafts must be drawn against banks located in the U.S.

See reverse side for instructions on how to update your address, phone number, or email.

Mail Payment to:


AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448





Corporate Card Statement of Account

Sign-up For Online Statements
www.americanexpress.com/checkyourbill

Prepared For
JAMES BRIAN MALTRY
MULTI-COLOR CORP

Account Number
[REDACTED] 1006

Closing Date
07/28/09

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By Due \$ 08/12/09
244.58	0.00	0.00	0.00	0.00	244.58

For important information regarding your account refer to page 2.

Your account is canceled. Please contact us immediately.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-528-2122.

Important account information requiring your action: Corporate Card, Executive Corporate Card, Corporate Platinum Card and American Express / Business ExtrAA Corporate Card billing statements are moving exclusively online. Take action now! To access your statements online, you must register your Card at americanexpress.com/register.

Already registered? Log in to americanexpress.com/checkyourbill, click 'Switch to Paperless Statements' and confirm that your statement delivery option is set to 'online only.' Also, make sure to validate your current e-mail address to activate your monthly Statement Ready e-mail notification.

Activity	Amount \$
Total of New Activity	New Charges/Other Debits 0.00 Payments/Other Credits 0.00

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
[REDACTED] 1006

Please Pay By 08/12/09

Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

Amount Due \$244.58

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

Mail Payment to:


AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448





Corporate Card Statement of Account

Sign-up For Online Statements
www.americanexpress.com/checkyourbill

Prepared For
BRIAN A WEAVER
AMEXCO COLLECTIONS

Account Number
[REDACTED] 1009

Closing Date
10/28/17

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$
22.86	0.00	0.00	9.69	0.00	13.17

Balance Please Pay By Due \$ 11/12/17

For important information regarding your account refer to page 2.

Your account is canceled. Please contact us immediately.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
[REDACTED] 1009		
10/16/17 AGENCY REMITTANCE	10/16	-9.69
Total for BRIAN A WEAVER	New Charges/Other Debits Payments/Other Credits	0.00 -9.69

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

BRIAN A WEAVER
AMEXCO COLLECTIONS
2423 E LINCOLN DR
PHOENIX AZ 85016

Mail Payment to:

AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000



[REDACTED] number 1009 Payable upon receipt in U.S. Dollars.

Please Pay By 11/12/17 Enter 15 digit account number on all payments.

Amount Due \$13.17 Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.





Corporate Card Statement of Account

Sign-up For Online Statements
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Prepared For
CHERYL L KIER
MULTI-COLOR CORP

Account Number
[REDACTED] 1008

Closing Date
12/28/12

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By
624.88	0.00	39.00	223.00	0.00	Due \$ 01/12/13
					440.88 For important information regarding your account refer to page 2.

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To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
[REDACTED] 1008		
12/07/12	CORPORATEREMITTANCE RECEIVED 12/07 THIRD PARTY PROCESSORCONCUR EXPENSE REPORT # Go To Webinar THIRD PARTY PROCESSOR0000000013084501	-223.00
12/28/12	DELINQUENCY CHARGE ON 401.88	39.00
Total for CHERYL L KIER		
	New Charges/Other Debits	39.00
	Payments/Other Credits	-223.00

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
[REDACTED] 1008

Please Pay By
01/12/13

Payable upon receipt in U.S. Dollars.

Please enter account number on all checks and correspondence.

Amount Due
\$440.88

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

CHERYL L KIER
MULTI-COLOR CORP
62 DELPHI DRIVE
ERLANGER

KY 41018

Mail Payment to:


AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000





Corporate Card Statement of Account

Sign-up For Online Statements
www.americanexpress.com/checkyourbill

Prepared For
JOSEPH A MUMMERT II
AMEXCO COLLECTIONS

Account Number
[REDACTED] 2006

Closing Date
10/28/17

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By Due \$ 11/12/17
1,221.04	0.00	0.00	1,001.04	0.00	220.00

For important information regarding your account refer to page 2.

Your account is canceled. Please contact us immediately.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
[REDACTED] 2006		
10/11/17 CORPORATEREMITTANCE RECEIVED 10/11		-1,001.04
THIRD PARTY PROCESSORCONCUR		
EXPENSE REPORT # Misc Expenses		
THIRD PARTY PROCESSOR0000000117361939		
Total for JOSEPH A MUMMERT II	New Charges/Other Debits	0.00
	Payments/Other Credits	-1,001.04

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

JOSEPH A MUMMERT II
AMEXCO COLLECTIONS
2423 E LINCOLN DR
PHOENIX AZ 85016

Mail Payment to:

AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000



Account Number [REDACTED] 2006 Payable upon receipt in U.S. Dollars.

Please Pay By 11/12/17 Enter 15 digit account number on all payments.

Amount Due \$220.00 Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

