IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Hartford Computer Government, Inc. CASE NO.: 11-49752

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING DEC.31, 2016

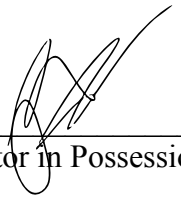
1. Were any payments required to be made under the plan this past calendar quarter? yes_____ no__X___

2. If yes, were all required payments made? yes_____ no_____

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, Peter Kravitz, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017



For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Government, Inc. CASE NO.: 11-49752

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

DISBURSEMENTS*

1. MONTH	DISBURSEMENTS
October 2016	$ 0.00
November 2016	$ 0.00
December 2016	$ 0.00
TOTAL DISBURSEMENTS FOR QUARTER	$ 0.00
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	$ 325.00
3. QUARTERLY FEE PAID (Attach proof of payment)	$_____
4. AMOUNT OF UNPAID FEES (IF ANY)	$ 325.00

I, Peter Kravitz, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017

_____
For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz
Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT “D"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Hartford Computer Goup, Inc. CASE NO.: 11-49750

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

1. Were any payments required to be made under the plan this past calendar quarter? yes_____ no__X___

2. If yes, were all required payments made? yes_____ no_____

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, Peter Kravitz, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017



_____
For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Goup, Inc. CASE NO.: 11-49750

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

DISBURSEMENTS*

1. MONTH	DISBURSEMENTS
October 2016	$ 0.00
November 2016	$ 0.00
December 2016	$ 0.00
TOTAL DISBURSEMENTS FOR QUARTER	$ 0.00
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	$ 325.00
3. QUARTERLY FEE PAID (Attach proof of payment)	$_____
4. AMOUNT OF UNPAID FEES (IF ANY)	$ 325.00

I, Peter Kravitz, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017

_____
For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz
Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT “D"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Hartford Computer Hardware, Inc. CASE NO.: 11-49744

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

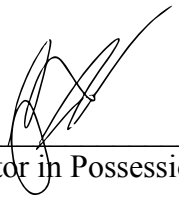
1. Were any payments required to be made under the plan this past calendar quarter? yes_____ no__X___

2. If yes, were all required payments made? yes_____ no_____

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, Peter Kravitz, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017



For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Hardware, Inc. CASE NO.: 11-49744

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

DISBURSEMENTS*

1. MONTH	DISBURSEMENTS
October 2016	$ 975.00
November 2016	$ 0.00
December 2016	$ 0.00
TOTAL DISBURSEMENTS FOR QUARTER	$ 975.00
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	$ 325.00
3. QUARTERLY FEE PAID (Attach proof of payment)	$_____
4. AMOUNT OF UNPAID FEES (IF ANY)	$ 325.00

I, Peter Kravitz, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017

_____
For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz
Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT “D"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Nexicore Services, LLC CASE NO.: 11-49754

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

1. Were any payments required to be made under the plan this past calendar quarter? yes_____ no__X___

2. If yes, were all required payments made? yes_____ no_____

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, Peter Kravitz, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/2017



For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Nexicore Services, LLC CASE NO.: 11-49754

FOR CALENDAR QUARTER ENDING DEC. 31, 2016

DISBURSEMENTS*

1. MONTH	DISBURSEMENTS
October 2016	$ 0.00
November 2016	$ 0.00
December 2016	$ 0.00
TOTAL DISBURSEMENTS FOR QUARTER	$ 0.00
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	$ 325.00
3. QUARTERLY FEE PAID (Attach proof of payment)	$_____
4. AMOUNT OF UNPAID FEES (IF ANY)	$ 325.00

I, Peter Kravitz, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 01/13/17

_____
For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration). Peter Kravitz
Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT “D"