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

CASE	NAME: <u>Hartford Comp</u>	uter Government, Inc.C.	ASE NO.: <u>11-4</u>	9752		
	U. S. TRUSTEE QUA	ARTERLY REPORT				
1.	Were any payments re under the plan this pas	-	yes	no_X		
2.	If yes, were all require	d payments made?	yes	no		
3. credito	. If not, on a separate schedule, state the name, address and telephone number of each unpaid reditor, the amount due and the reason payment was not made.					
I have Plan P	I, Peter Kravitz the confirmed plan decl read and certify that the ayments is true and certain and belief.	information listed in	perjury under the this U.S. Trust	ne laws of the ee Quarterly	Report on Status of	
DATE	D: <u>04/16/2015</u>	Eor the Debtor	n Possession (Γrustee) (Pla	n Administrator)	
•	or type name and ty of person signing	Peter Kravitz				
his Declaration). Managing Principal of SLTNTRST LLC acting as Liquidating Trustee						

EXHIBIT "E"



CASE	E NAME: Hartford Comp	outer Government, Inc.CASE N	O.: <u>11-49752</u>	
	FOR CALENDAR Q	UARTER ENDING	March 31	, 20 <u>15</u>
		DISBURSEMEN	TS*	
1.	MONTH		DISBU	RSEMENTS
	January 2015	_	\$_0.00	
	February 2015	_	\$ 0.00	
	March 2015	_	\$ 0.00	
		AL DISBURSEMENTS FOR QUARTER	\$_0.00	
2.	QUARTERLY FEE Q 28 U.S.C. § 1930(A)(OWED PURSUANT TO (6)	\$ 325.00	
3.	QUARTERLY FEE I (Attach proof of payr		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$_325.00	
the lav	ws of the United States actions, and account balant as of the date of this is	(Trustee) (Plan Administrato that I have read and certify thances as listed in this U.S. Trusteport to the best of my know	r) declare under p hat the figures, sta stee Quarterly Fee yledge, informatio	tements, disbursement Statement are true and n and belief.
capaci	or type name and ity of person signing eclaration).	Ear the Debtor In P Peter Kravitz Managing Principal of SI TNT		e) (Plan administrator) —

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

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

				11-49750	
CASE	NAME: Hartford Co	emputer Group, Inc.	_ CASE NO.:	11-49750	
				TUS OF PLAN PAY March 31 , 2	
1.		s required to be made past calendar quarter		no X	
2.	If yes, were all requ	ired payments made	e? yes	no	
3. credito	If not, on a separate or, the amount due ar	schedule, state the reason payme	name, address ant was not ma	and telephone numbe de.	er of each unpaid
I have Plan F	I, Peter K the confirmed plan d read and certify that Payments is true and attion and belief.	eclare under penalty the information liste	d in this U.S.	Γrustee Quarterly Re	nited States that port on Status of
DATE	D: <u>4/16/2015</u>	Eor the Deb	tor In Possess	ion (Trustee) (Plan A	Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz Managing Princip	al of SLTNTRS	 Γ LLC acting as Liquida	ating Trustee

CASE	NAME: Hartford Comp	outer Group, Inc. CASE 1	NO.: <u>11-49750</u>	
	FOR CALENDAR Q	UARTER ENDING	March 31	, 20 <u>15</u>
		DISBURSEMEN	NTS*	
1.	MONTH		DISBUR	SEMENTS
	January 2015	_	\$ 0.00	
	February 2015	_	\$_0.00	
	March 2015	_	\$ 0.00	
		AL DISBURSEMENTS FOR QUARTER	\$ <u>0.00</u>	
2.	QUARTERLY FEE (28 U.S.C. § 1930(A)(OWED PURSUANT TO 6)	\$ <u>325.00</u>	
3.	QUARTERLY FEE I (Attach proof of payn		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$_325.00	
the lav	vs of the United States ations, and account bala t as of the date of this r	Trustee) (Plan Administrate that I have read and certify ances as listed in this U.S. Treport to the best of my known	or) declare under per that the figures, state ustee Quarterly Fee S wledge, information	ements, disbursement Statement are true and
capaci	or type name and ty of person signing eclaration).	Peter Kravizt Managing Principal of SLTN		_

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

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

CASE	NAME: Hartford Comp	uter Hardware, Inc. C	ASE NO.: _	11-49744	
	U. S. TRUSTEE QUA	ARTERLY REPORT	ON STATI	US OF PLAN I	PAYMENTS
	FOR CALENI	OAR QUARTER EN	DING	March 31	_, 20 <u>15</u>
1.	Were any payments re under the plan this pas		yes	no_X	
2.	If yes, were all require	d payments made?	yes	no	
3. credito	If not, on a separate so, or, the amount due and t			-	umber of each unpaid
I have Plan P	I, Peter Kra the confirmed plan decl read and certify that the Payments is true and contation and belief.	are under penalty of information listed in	this U.S. T	er the laws of trustee Quarterl	y Report on Status of
DATE	D: <u>4/16/2015</u>	Eor the Debtor	n Possessio	on (Trustee) (P	lan Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz Managing Principal of	SLTNTRST	LLC acting as Li	quidating Trustee

CASI	E NAME: Hartford Com	nputer Hardware, Inc. CASE	NO.: 11-49744	
	FOR CALENDAR (QUARTER ENDING	March 31 , 20 <u>15</u>	
		DISBURSEME	VTS*	
1.	MONTH		DISBURSEMENTS	
	January 2015	_	\$_88.29	
	February 2015	_	\$_975.00	
	March 2015	_	\$ <u>0.00</u>	
		AL DISBURSEMENTS FOR QUARTER	\$_1,063.29	
2.	QUARTERLY FEE 28 U.S.C. § 1930(A)	OWED PURSUANT TO	\$ <u>325.00</u>	
3.	QUARTERLY FEE (Attach proof of pay		\$	
4.	AMOUNT OF UNP	AID FEES (IF ANY)	\$_325.00	
the la itemize corre	ws of the United States zations, and account ba ct as of the date of this	(Trustee) (Plan Administrates that I have read and certify lances as listed in this U.S. Trustee to the best of my kno	acting as the duly authorize or) declare under penalty of perjury that the figures, statements, disburustee Quarterly Fee Statement are tweldge, information and belief. Possession (Trustee) (Plan admini	y under rsement rue and
capac	t or type name and city of person signing Declaration).	Peter Kravitz Managing Principal of SLTN		9 e

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

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

CASE	NAME: Nexicore Servi	ces, LLC	CASE NO.:	11-49754	
	II C TRUCTEE OIL				DAMANTO
	U. S. TRUSTEE QUA	ARTERLY REPOR	I ON SIAI	IUS OF PLAN	PAYMENTS
	FOR CALENI	OAR QUARTER E	NDING	March 31	, 20 <u>15</u>
1.	Were any payments reunder the plan this pas	-	yes	no_X	-
2.	If yes, were all require	ed payments made?	yes	no	
3. credito	If not, on a separate scor, the amount due and			-	umber of each unpaid
	I, Peter Kra	vit a		acting as the	e duly authorized agent
under 1	the confirmed plan dec		of periury un		
	read and certify that the				
	Payments is true and c	orrect as of the da	te of this ro	eport to the be	st of my knowledge,
inform	ation and belief.				
DATE	D: <u>4/16/2015</u>	Eor the Debto	or In Possess	ion (Trustee) (F	Plan Administrator)
`	or type name and	Peter Kravitz			
_	ty of person signing eclaration).	Managing Principal	of SLTNTRS	T LLC acting as L	iquidating Trustee

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CASE	E NAME: Nexicore Se	rvices, LLC CASE	NO.: <u>11-49754</u>	
	FOR CALENDAR	QUARTER ENDING	March 31	, 20 <u>15</u>
		DISBURSEME	ENTS*	
1.	MONTH		DISBUI	RSEMENTS
	January 2015		\$_0.00	
	February 2015	_	\$_0.00	
	March 2015	_	\$_0.00	
	ТОТ	AL DISBURSEMENTS FOR QUARTER	\$_0.00	
2.	QUARTERLY FEE 28 U.S.C. § 1930(A	OWED PURSUANT TO)(6)	\$ 325.00	
3.	QUARTERLY FEE (Attach proof of pay		\$	
4.	AMOUNT OF UNP	AID FEES (IF ANY)	\$ <u>325.00</u>	
the lav	ws of the United State cations, and account bact as of the date of this	Kravitz (Trustee) (Plan Administrate of the Lances as listed in this U.S. To report to the best of my known and the lances as listed in this U.S. To report to the best of my known and the lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances as listed in this U.S. To report to the best of my known and the lances are lances are lances as listed in this U.S. To report to the best of my known and the lances are lances are lances as listed in this U.S. To report to the best of my known and the lances are lances are lances as listed in this U.S. To report to the lances are l	ntor) declare under per y that the figures, state Trustee Quarterly Fee owledge, information	ements, disbursement Statement are true and
DATE	ED: 4/16/2015	For the Debtor II	n Possession (Trustee	e) (Plan administrator)
capaci	or type name and ity of person signing eclaration).	Peter Kravitz Managing Principal of SLTN	NTRST LLC acting as I	— iguidating Trustee

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