CASE	NAME: Hartford Comp	uter Government, Inc.C.	ASE NO.: <u>11-</u>	49752		
	U. S. TRUSTEE QUA	ARTERLY REPORT DAR QUARTER EN	5	L 0.4	AYMENTS , 20 <u>15</u>	
1.	Were any payments re under the plan this pas	•	yes	no_X		
2.	If yes, were all require	ed payments made?	yes	no		
3. credito	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, 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.						
DATE	D: 01/08/2016	Eor the Debtor	In Possession (	Trustee) (Plan	n Administrator)	
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of	SLTNTRST LLC	C acting as Liqu	idating Trustee	

EXHIBIT "E"



CAS	E NAME: <u>Hartford Computer Government, Inc.CAS</u>	E NO.: <u>11-49752</u>
	FOR CALENDAR QUARTER ENDING	December 31 , 20 <u>15</u>
	DISBURSEM	ENTS*
1.	MONTH	DISBURSEMENTS
	October 2015	\$_0.00
	November 2015	\$_0.00
	December 2015	\$_0.00
	TOTAL DISBURSEMENTS FOR QUARTER	\$ <u>0.00</u>
2.	QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6)	\$ <u>325.00</u>
3.	QUARTERLY FEE PAID (Attach proof of payment)	\$
4.	AMOUNT OF UNPAID FEES (IF ANY)	\$_325.00
the la itemi corre	ED: 01/08/2016	fy that the figures, statements, disbursement Trustee Quarterly Fee Statement are true and
capac	t or type name and Peter Kravitz  city of person signing  Declaration  Managing Principal of SI	NTRST LLC acting as Liquidating Trustee

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

CASE	NAME: _Hartford Computer Group, Inc CASE NO.: _11-49750
	U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS  FOR CALENDAR OLIARTER ENDING December 31 2015
	FOR CALENDAR QUARTER ENDING December 31, 2015
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. credito	If not, on a separate schedule, state the name, address and telephone number of each unpaid or, the amount due and the reason payment was not made.
I have Plan F	I, acting as the duly authorized agent the confirmed plan declare under penalty of perjury under the laws of the United States that read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Payments is true and correct as of the date of this report to the best of my knowledge, nation and belief.
DATE	Eor the Debtor In Possession (Trustee) (Plan Administrator)
capaci	or type name and Peter Kravitz  ty of person signing eclaration).  Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

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CASE	NAME: Hartford Comp	outer Group, Inc. CAS	SE NO.: <u>11</u>	-49750
	FOR CALENDAR Q	UARTER ENDING	December	31 , 20 <u>15</u>
		DISBURSEM	MENTS*	
1.	MONTH			DISBURSEMENTS
	October 2015	_	\$ <u>0.0</u>	00
	November 2015	_	\$ <u>0.</u> 0	00
	December 2015	_	\$_0.0	00
		AL DISBURSEMENTS FOR QUARTER	\$ <u>0.0</u>	00
2.	QUARTERLY FEE (28 U.S.C. § 1930(A)(	OWED PURSUANT TO 6)	\$ 32	5.00
3.	QUARTERLY FEE I (Attach proof of payn		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$ 32	25.00
the lav	vs of the United States ations, and account bala	(Trustee) (Plan Administ that I have read and cert ances as listed in this U.S report to the best of my k	ify that the Trustee Qu	acting as the duly authorized agent are under penalty of perjury under figures, statements, disbursement arterly Fee Statement are true and information and belief.
DATE	ED: 01/08/2016	Ear the Debtor	In Possess	ion (Trustee) (Plan administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SL	TNTRST LL	C acting as Liquidating Trustee

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

CASE	NAME: Hartford Comp	uter Hardware, Inc. C	ASE NO.: <u>1</u>	1-49744	
	U. S. TRUSTEE QUA	ARTERLY REPORT	ON STATU	S OF PLAN PA	AYMENTS
	FOR CALENI	OAR QUARTER EN	DING Dec	cember 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			-	nber of each unpaid
I, 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.					
DATE	D: <u>01/08/2016</u>	Eor the Debtor	In Possessior	ı (Trustee) (Pla	n Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of	f SLTNTRST L	LC acting as Liqu	uidating Trustee

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CASE	NAME: Hartford Comp	uter Hardware, Inc. CAS	SE NO.:	11-49744	
	FOR CALENDAR QU	JARTER ENDING	Decemb	ber 31 , 20 <u>15</u>	
		DISBURSEN	MENTS*	<b>k</b>	
1.	MONTH			DISBURSEMENTS	
	October 2015	-	\$	975.00	
	November 2015	-	\$	0.00	
	December 2015	-	\$	0.00	
		L DISBURSEMENTS OR QUARTER	\$	975.00	
2.	QUARTERLY FEE C 28 U.S.C. § 1930(A)(6	OWED PURSUANT TO 6)	) \$ <sub>_</sub>	325.00	
3.	QUARTERLY FEE P (Attach proof of paym		\$_	3	
4.	AMOUNT OF UNPA	ID FEES (IF ANY)	\$	325.00	
the lav	ws of the United States tations, and account bala	Trustee) (Plan Adminis that I have read and cert nees as listed in this U.S eport to the best of my keeport to the best of	ify that t . Trustee	acting as the duly authorized ag eclare under penalty of perjury un the figures, statements, disbursent e Quarterly Fee Statement are true ge, information and belief.	der ent
DATE	ED:01/08/2016	Eor the Debton	: In Posse	ession (Trustee) (Plan administra	tor)
capaci	or type name and ty of person signing	Peter Kravitz  Managing Principal of SI	TNTRST	I.I.C. acting as Liquidating Trustee	

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

CASE	NAME: Nexicore Servi	ces, LLC (	CASE NO.:	11-49754	
	U. S. TRUSTEE QUA	ARTERLY REPORT	Γ ON STAT	US OF PLAN F	PAYMENTS
	FOR CALENI	OAR QUARTER EN	NDING	December 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 so			-	mber of each unpaid
I, 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.					
DATE	D: <u>01/08/2016</u>	Eor the Debtor	In Possessi	on (Trustee) (Pl	an Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of	of SLTNTRST	LLC acting as Lid	quidating Trustee

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CASE	E NAME: <u>Nexicore Serv</u>	vices, LLC CAS	SE NO.: <u>11-497</u>	754
	FOR CALENDAR Q	UARTER ENDING	December 31	, 20 <u>15</u>
		DISBURSEN	MENTS*	
1.	MONTH		I	DISBURSEMENTS
	October 2015	_	\$_0.00	
	November 2015	_	\$ <u>0.00</u>	
	December 2015	_	\$ <u>0.00</u>	
	TOTA	AL DISBURSEMENTS		
	I	FOR QUARTER	\$ <u>0.00</u>	
2.	QUARTERLY FEE (28 U.S.C. § 1930(A)(	OWED PURSUANT TO 6)	\$ 325.00	1
3.	QUARTERLY FEE I (Attach proof of payn		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$ <u>325.00</u>	)
the lav	ws of the United States rations, and account bala	(Trustee) (Plan Administ that I have read and cert	rator) declare usify that the figu Trustee Quarte	ing as the duly authorized agent under penalty of perjury under ares, statements, disbursement erly Fee Statement are true and formation and belief.
DATI	ED: 01/08/2016	Eor the Debtor	In Possession	(Trustee) (Plan administrator)
capac	or type name and ity of person signing reclaration)	Peter Kravitz  Managing Principal of SI	TNTRST LLC ac	ting as Liquidating Trustee

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