CASE NAME: Hartford Computer Government, Inc.CASE NO.: 11-49752						
	U. S. TRUSTEE QUA	ARTERLY REPORT (DAR QUARTER END				
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, 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.						
DATE	D: 10/06/2015	Eor the Debtor In	n Possession (T	Trustee) (Plar	Administrator)	
capaci	or type name and ty of person signing eclaration).	Peter Kravitz Managing Principal of	SLTNTRST LLC	acting as Liqu	idating Trustee	

EXHIBIT "E"



CASI	E NAME: Hartford Comp	outer Government, Inc.CAS	E NO.: <u>11-49752</u>	
	FOR CALENDAR Q	UARTER ENDING	September 30	, 20 <u>15</u>
		DISBURSEM	IENTS*	
1.	MONTH		DISB	URSEMENTS
	July 2015	_	\$ 0.00	
	August 2015	_	\$_0.00	
	September 2015	_	\$_0.00	
		AL DISBURSEMENTS FOR QUARTER	\$ <u>0.00</u>	
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 la	ws of the United States zations, and account bala	(Trustee) (Plan Administ that I have read and certicances as listed in this U.S. report to the best of my k	rator) declare under fy that the figures, s Trustee Quarterly Fornowledge, information	tatements, disbursement ee Statement are true and
capac	t or type name and eity of person signing Declaration).	Peter Kravitz Managing Principal of SLT	FNTRST LLC acting as	s Liquidating Trustee

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

CASE	NAME: <u>Hart</u>	ford Computer	Group, Inc.	ASE NO.	: 11-49750	
			ERLY REPORT QUARTER EN		TUS OF PLAN F	PAYMENTS _, 20 <u>15</u>
1.			ed to be made lendar quarter?	yes	no_X	
2.	If yes, were a	ll required pa	yments made?	yes	no	
3. credito		-	ale, state the name		-	umber of each unpaid
I have Plan P	read and certif	plan declare by that the infoue and corre	ormation listed in	this U.S.	nder the laws of the Trustee Quarterly	duly authorized agent he United States that y Report on Status of t of my knowledge,
DATE	ED: 10/06/201	5	For the Debtor	In Possess	sion (Trustee) (Pl	an Administrator)
capaci	or type name a ty of person sign eclaration).	gning —	ter Kravitz Inaging Principal o	f SLTNTRS	ST LLC acting as Lic	quidating Trustee

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CASI	E NAME: Hartford Comp	outer Group, Inc. CA	SE NO.: <u>11-49750</u>	
	FOR CALENDAR Q	UARTER ENDING	September 30	, 20 <u>15</u>
		DISBURSE	MENTS*	
1.	MONTH		DIS	SBURSEMENTS
	Juy 2015	_	\$ <u>0.00</u>	
	August 2015	_	\$ <u>0.00</u>	
	September 2015	_	\$ <u>0.00</u>	
	TOTA	AL DISBURSEMENTS		
	F	FOR QUARTER	\$ 0.00	
2.	QUARTERLY FEE (28 U.S.C. § 1930(A)(OWED PURSUANT TO 6)) \$ <u>325.00</u>	
3.	QUARTERLY FEE I		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$ <u>325.00</u>	
the la	ws of the United States	Trustee) (Plan Administ that I have read and cer ances as listed in this U.S.	trator) declare und tify that the figures Trustee Quarterly	gas the duly authorized agent der penalty of perjury under s, statements, disbursement y Fee Statement are true and nation and belief.
DAT	ED: 10/06/2015	Eor the Debto	r In Possession (Ti	rustee) (Plan administrator)
capac	or type name and ity of person signing	Peter Kravizt Managing Principal of Si	TNTRST 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.

CASE	NAME: Hartford Comp	uter Hardware, Inc. C	ASE NO.:	11-49744	
	U. S. TRUSTEE QUA	ARTERLY REPORT			
	FOR CALENI	OAR QUARTER EN	DING <u> </u>	eptember 30	_, 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			-	mber of each unpaid
I have Plan F	I, Peter Kra the confirmed plan dec read and certify that the Payments is true and c nation and belief.	lare under penalty of information listed in	this U.S. T	er the laws of the rustee Quarterly	Report on Status of
DATE	D: <u>10/06/2015</u>	Eor the Debtor	In Possession	on (Trustee) (Pla	an Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz Managing Principal o	f SLTNTRST	LLC acting as Lic	juidating Trustee

CASE	E NAME: Hartford Comp	uter Hardware, Inc. CAS	SE NO.:	11-49744	
	FOR CALENDAR QU	JARTER ENDING	Septem	ber 30	, 20 <u>15</u>
		DISBURSEN	MENTS*	:	
1.	MONTH			DISBUR	RSEMENTS
	July 2015	-	\$	6,535.00	
	August 2015	_	\$	325.00	
	September 2015	-	\$	650.00	
		L DISBURSEMENTS OR QUARTER	\$	7,510.00	
2.	QUARTERLY FEE C 28 U.S.C. § 1930(A)(6	OWED PURSUANT TO 6)) \$	325.00	
3.	QUARTERLY FEE P (Attach proof of paym		\$		
4.	AMOUNT OF UNPA	ID FEES (IF ANY)	\$	325.00	
the lav	I, Peter Kravit e Debtor In Possession (ws of the United States t eations, and account bala et as of the date of this re	Trustee) (Plan Adminis that I have read and cert nces as listed in this U.S	ify that t . Trustee	eclare under pe he figures, stat Quarterly Fee	ements, disbursemen Statement are true and
DATE	ED: 10/06/2015	Eor the Debtor	r In Poss	ession (Trustee	(Plan administrator)
capaci	or type name and ity of person signing eclaration)	Peter Kravitz Managing Principal of SI	TNTRST	LLC acting as Li	— iguidating Trustee

^{*} 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	TUS OF PLAN F	PAYMENTS
	FOR CALENI	OAR QUARTER EN	NDING	September 30	_, 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			-	mber of each unpaid
I have Plan F	I, Peter Kra the confirmed plan dec read and certify that the Payments is true and c nation and belief.	lare under penalty of e information listed i	n this U.S. T	der the laws of the Trustee Quarterly	Report on Status of
DATE	ED:10/06/2015	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 Lic	quidating Trustee

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CASE	NAME: Nexicore Ser	vices, LLC CAS	SE NO.: <u>11-49754</u>	
	FOR CALENDAR Q	UARTER ENDING	September 30	, 20 <u>15</u>
		DISBURSEN	MENTS*	
1.	MONTH		DISB	URSEMENTS
	July 2015	_	\$_0.00	
	August 2015	_	\$_0.00	
	September 2015	_	\$_0.00	
		AL DISBURSEMENTS FOR QUARTER	\$_0.00	
2.	QUARTERLY FEE 0 28 U.S.C. § 1930(A)	OWED PURSUANT TO (6)) \$ <u>325.00</u>	
3.	QUARTERLY FEE I		\$	
4.	AMOUNT OF UNPA	AID FEES (IF ANY)	\$_325.00	
the lav	ws of the United States ations, and account bal	(Trustee) (Plan Adminis that I have read and cert	trator) declare under ify that the figures, s . Trustee Quarterly F	the duly authorized agent penalty of perjury under tatements, disbursement ee Statement are true and ion and belief.
DATE	ED: 10/06/2015		r In Possession (Trus	tee) (Plan administrator)
capaci	or type name and ity of person signing eclaration).	Peter Kravitz Managing Principal of SL	TNTRST LLC acting a	s Liquidating Trustee

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