Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Docket #0732 Date Filed: 02/10/2021

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

CASE NAME: <u>Hartford Computer Government, Inc.</u> CASE NO.: <u>11-49752</u>

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

|                                                                                                                                                                                                                                                                                                                                                                                              | FOR CAI                                                                                                                                                   | LENDAR QUARTER ENDIN                      | IG <u>SEPTE</u> | MBER 30, 2020                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|---------------------------------|--|
| 1.                                                                                                                                                                                                                                                                                                                                                                                           | Were any payments r<br>under the plan this pa                                                                                                             | *                                         | yes             | _no <u>X</u>                    |  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                           | If yes, were all requir                                                                                                                                   | ed 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, <u>Peter Kravitz</u> , 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>10/19/2020</u>                                                                                                                                      | For the Debtor in Possession              | (Trustee)       | (Plan Administrator)            |  |
| capaci                                                                                                                                                                                                                                                                                                                                                                                       | or type name and ty of person signing eclaration).                                                                                                        | Peter Kravitz  Managing Principal of SLTN | ITRST LL        | C acting as Liquidating Trustee |  |

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 2 of 8

## 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 SEPTEMBER 30, 2020

#### **DISBURSEMENTS\***

| 1. | MONTH                                            |          | DISBURSEMENTS    |
|----|--------------------------------------------------|----------|------------------|
|    | <u>July 2020</u>                                 |          | <u>\$ 0.00</u>   |
|    | <u>August 2020</u>                               |          | \$ 0.00          |
|    | September 2020                                   |          | \$ 0.00          |
|    | TOTAL DISBURS<br>FOR QUARTER                     | SEMENTS  | \$ 0.00          |
| 2. | QUARTERLY FEE OWED PUR<br>28 U.S.C. § 1930(A)(6) | SUANT TO | \$ 325.00        |
| 3. | QUARTERLY FEE PAID (Attach proof of payment)     |          | \$               |
| 4. | AMOUNT OF UNPAID FEES (I                         | F ANY)   | <u>\$ 325.00</u> |

I, <u>Peter Kravitz</u>, 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: 10/19/2020

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

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

Peter Kravitz

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

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 3 of 8

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

CASE NAME: <u>Hartford Computer Group, Inc.</u>

CASE NO.: <u>11-49750</u>

### $\hbox{U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS } \\$

| FOR CALENDAR QUARTER ENDING <u>SEPTEMBER 30, 2020</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |                                           |                 |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|---------------------------------|
| 1.                                                                                                                                                                                                                                                                                                                                                                                           | Were any payments r<br>under the plan this pa                                                                                                             | 1                                         | yes             | _ noX                           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                           | If yes, were all requir                                                                                                                                   | red 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, <u>Peter Kravitz</u> , 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>10/19/2020</u>                                                                                                                                      | For the Debtor in Possession              | (Trustee)       | (Plan Administrator)            |
| capaci                                                                                                                                                                                                                                                                                                                                                                                       | or type name and ty of person signing eclaration).                                                                                                        | Peter Kravitz  Managing Principal of SLTM | <u>ITRST LI</u> | C acting as Liquidating Trustee |

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 4 of 8

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

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

#### FOR CALENDAR QUARTER ENDING SEPTEMBER 30, 2020

#### **DISBURSEMENTS\***

| 1. | MONTH                                           | DISBURSEMENTS | DISBURSEMENTS    |
|----|-------------------------------------------------|---------------|------------------|
|    | <u>July 2020</u>                                |               | <u>\$ 0.00</u>   |
|    | <u>August 2020</u>                              |               | <u>\$ 0.00</u>   |
|    | September 2020                                  |               | \$ 0.00          |
|    | TOTAL DISBUF<br>FOR QUARTER                     |               | <u>\$ 0.00</u>   |
| 2. | QUARTERLY FEE OWED PU<br>28 U.S.C. § 1930(A)(6) | RSUANT TO     | <u>\$ 325.00</u> |
| 3. | QUARTERLY FEE PAID (Attach proof of payment)    |               | \$               |
| 4. | AMOUNT OF UNPAID FEES                           | (IF ANY)      | <u>\$ 325.00</u> |

I, <u>Peter Kravitz</u>, 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: <u>10/19/2020</u>

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

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

Peter Kravitz

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

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 5 of 8

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

CASE NAME: <u>Hartford Computer Hardware, Inc.</u> CASE NO.: <u>11-49744</u>

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

#### FOR CALENDAR QUARTER ENDING SEPTEMBER 30, 2020

|                                                                                                                                                                                                                                                                                                                                                                                              | 10100111                                                                                                                                                  | EEROPING QUINCIENCE CONT.                 | O <u>DEI TE</u> | 111BER 50; 2020                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|---------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                           |                 |                                 |
| 1.                                                                                                                                                                                                                                                                                                                                                                                           | Were any payments runder the plan this pa                                                                                                                 | *                                         | yes             | _no_ <u>X</u>                   |
| 2.                                                                                                                                                                                                                                                                                                                                                                                           | If yes, were all requir                                                                                                                                   | red 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, <u>Peter Kravitz</u> , 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>10/19/2020</u>                                                                                                                                      | For the Debtor in Possession              | (Trustee)       | (Plan Administrator)            |
| capaci                                                                                                                                                                                                                                                                                                                                                                                       | or type name and ty of person signing eclaration).                                                                                                        | Peter Kravitz  Managing Principal of SLTN | TRST LL         | C acting as Liquidating Trustee |

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 6 of 8

### 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 SEPTEMBER 30, 2020

#### **DISBURSEMENTS\***

| 1. | MONTH                                           | DISDURSEMENTS                         | DISBURSEMENTS    |
|----|-------------------------------------------------|---------------------------------------|------------------|
|    | <u>July 2020</u>                                |                                       | <u>\$ 0.00</u>   |
|    | <u>August 2020</u>                              |                                       | <u>\$ 975.00</u> |
|    | September 2020                                  |                                       | <u>\$ 0.00</u>   |
|    | TOTAL DISBUR<br>FOR QUARTER                     | · · · · · · · · · · · · · · · · · · · | \$ 975.00        |
| 2. | QUARTERLY FEE OWED PU<br>28 U.S.C. § 1930(A)(6) | RSUANT TO                             | \$ 325.00        |
| 3. | QUARTERLY FEE PAID (Attach proof of payment)    |                                       | \$               |
| 4. | AMOUNT OF UNPAID FEES                           | (IF ANY)                              | \$ 325.00        |

I, <u>Peter Kravitz</u>, 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: <u>10/19/2020</u>

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

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

Peter Kravitz

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

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 7 of 8

#### 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 <u>SEPTEMBER 30, 2020</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                           |                                          |             |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|----------------------------------|
| 1.                                                                                                                                                                                                                                                                                                                                                                                           | Were any payments runder the plan this pa                                                                                                                 | •                                        | yes         | noX                              |
| 2.                                                                                                                                                                                                                                                                                                                                                                                           | If yes, were all requir                                                                                                                                   | red 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, <u>Peter Kravitz</u> , 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>10/19/2020</u>                                                                                                                                      | For the Debtor in Possession             | n (Trustee) | ) (Plan Administrator)           |
| capaci                                                                                                                                                                                                                                                                                                                                                                                       | or type name and ty of person signing eclaration).                                                                                                        | Peter Kravitz  Managing Principal of SLT | NTRST LI    | LC acting as Liquidating Trustee |

Case 11-49744 Doc 732 Filed 02/10/21 Entered 02/10/21 15:41:16 Desc Main Document Page 8 of 8

### 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 SEPTEMBER 30, 2020

#### **DISBURSEMENTS\***

| 1. | MONTH                                           | DISBURSEMENTS | DISBURSEMENTS    |
|----|-------------------------------------------------|---------------|------------------|
|    | <u>July 2020</u>                                |               | <u>\$ 0.00</u>   |
|    | August 2020                                     |               | \$ 0.00          |
|    | September 2020                                  |               | \$ 0.00          |
|    | TOTAL DISBUI<br>FOR QUARTER                     |               | <u>\$ 0.00</u>   |
| 2. | QUARTERLY FEE OWED PU<br>28 U.S.C. § 1930(A)(6) | RSUANT TO     | <u>\$ 325.00</u> |
| 3. | QUARTERLY FEE PAID (Attach proof of payment)    |               | \$               |
| 4. | AMOUNT OF UNPAID FEES                           | (IF ANY)      | \$ 325.00        |

I, <u>Peter Kravitz</u>, 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: <u>10/19/2020</u>

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

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

Peter Kravitz

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