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# 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 CA	LENDAR QUARTER ENDI	NG <u>DECEMBER 31, 2020</u>
1.	Were any payments rounder 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.		
perjury U.S. T	under the laws of the rustee Quarterly Report	United States that I have read	er the confirmed plan declare under penalty of ad and certify that the information listed in this is is true and correct as of the date of this report
DATE	D: <u>01/14/2021</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 SLTN	NTRST LLC acting as Liquidating Trustee

EXHIBIT "E"

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## 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 DECEMBER 31, 2020

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	October 2020		<u>\$ 0.00</u>
	November 2020		<u>\$ 0.00</u>
	December 2020		\$ 0.00
	TOTAL DISBUI FOR QUARTER	· · · · · · · · · · · · · · · · · · ·	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PU 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>01/14/2021</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.

# 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>

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

#### FOR CALENDAR QUARTER ENDING <u>DECEMBER 31, 2020</u>

1.	Were any payments reunder the plan this pa		yes	_ no	X
2.	If yes, were all require	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.				
perjury U.S. T	under the laws of the rustee Quarterly Report	United States that I have read	d and certi	ify tha	plan declare under penalty of at the information listed in this rect as of the date of this report
DATE	D: <u>01/14/2021</u>	For the Debtor in Possession	(Trustee)	(Plan	Administrator)
capacit	or type name and by of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	TRST LL	.C act	ing as Liquidating Trustee

EXHIBIT "E"

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

CASE NAME: <u>Hartford Computer Group, Inc.</u> CASE NO.: <u>11-49750</u>

#### FOR CALENDAR QUARTER ENDING DECEMBER 31, 2020

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	October 2020		<u>\$ 0.00</u>
	November 2020		<u>\$ 0.00</u>
	December 2020		<u>\$ 0.00</u>
	TOTAL DISBUF FOR QUARTER	· · · · · · · · · · · · · · · · · · ·	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PU 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>01/14/2021</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.

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# 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 DECEMBER 31, 2020

TOR CHEENDIN QUINTER ENDING <u>BECEMBER 31, 2020</u>				
1.	Were any payments r under 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>01/14/2021</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

EXHIBIT "E"

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### 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 DECEMBER 31, 2020

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	October 2020		<u>\$ 975.00</u>
	November 2020		<u>\$ 0.00</u>
	December 2020		<u>\$ 800.00</u>
	TOTAL DISBUF FOR QUARTER	· · · · · · · · · · · · · · · · · · ·	\$ 1,775.00
2.	QUARTERLY FEE OWED PU 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>01/14/2021</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.

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#### 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>DECEMBER 31, 2020</u>

1.	Were any payments reunder the plan this pa	=	yes	_no_ <u>X</u>
2.	If yes, were all require	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.			
perjury U.S. Ti	under the laws of the rustee Quarterly Report	United States that I have read	d and certi	armed plan declare under penalty of ify that the information listed in this d correct as of the date of this report
DATE.	D: <u>01/14/2021</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capacit	or type name and by of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	TRST LL	.C acting as Liquidating Trustee

EXHIBIT "E"

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## 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 <u>DECEMBER 31, 2020</u>

#### **DISBURSEMENTS\***

1.	MONTH	DISBURSEMENTS	DISBURSEMENTS
	October 2020		<u>\$ 0.00</u>
	November 2020		\$ 0.00
	December 2020		\$ 0.00
	TOTAL DISBUR FOR QUARTER	SEMENTS	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PUR 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>01/14/2021</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.