#### Case 12-21156-MBK Doc 95 Filed 05/15/12 Entered 05/15/12 15:39:15 Desc Main Document Page 1 of 13

#### UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY

In re: Hunter Composite Technologies Corporation

Case No. 12-21162

Debtor

#### INITIAL MONTHLY OPERATING REPORT

#### File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Attached	
Certificates of Insurance:	THE PRET AND S	
Workers Compensation	Cert. Attached	
Property		Explanation 1
General Liability	Cert. Attached	
Vehicle	Cert. Attached	
Other:	Cert. Attached	
Identify areas of self-insurance w/liability caps	Explanation 2	
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	Sig Card Attached	Explanation 3
General Operating Account		Explanation 3
Money Market Account pursuant to Local Rule 4001-3 for the	N/A	
District of Delaware only. Refer to:	N/A	
http://www.deb.uscourts.gov/		
Other:		
Retainers Paid (Form IR-2)	IR-2 Attached	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and *con*rect to the best of my knowledge and belief.

1 Signature of Debtor

Signature of Debtor John Peterson, Treasurer

Signature of Joint Debtor

Signature of Authorized Individual\*

May 14, 2012 Date

Date

Date

Printed Name of Authorized Individual

Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM IR (4/07)

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In re: Hunter Composite Technologies Corporation Debtor Case No. 12-21162 12-Month Cash Flow Projection (Form IR-1)

Note: in response to the request for a 12-Month Cash Flow Projection, the Debtors have provided a consolidated 13-Week Cash Forecast ending July 27, 2012 This cash flow forecast is consistent with the interim Cash Collateral Order The Debtors believe that this is the most accurate and relevant cash flow forecast information currently available

		1	2	3	4	5	6	7	8	9	10	11	12	13	
	Consolidated	1 4-Mav	z 11-May	3 18-May	4 25-Mav	ວ 1-Jun	6 8-Jun	/ 15-Jun	8 22-Jun	9 29-Jun	10 6-Jul	11 13-Jul	12 20-Jul	13 27-Jul	Total
(1)	Hunter Boat Sales	- \$		\$ 8 \$							790 \$	564 \$			3,244
(2)	Total Cash Receipts		27	8	13	195	344	351	111	299	790	564	251	291	3,244
(3)	Cumulative Total Cash Receipts		27	35	49	244	587	938	1.049	1.348	2.139	2,702	2.953	3,244	-,
(4)	Units	-	4	1	2	5	6	6	5	6	7	7	4	7	60
(5)	Materials Purchases	(10)	(2)	(37)	(79)	(90)	(90)	(135)	(201)	(243)	(172)	(123)	(204)	(205)	(1,593)
(6)	Payroll, including employer taxes	(25)	(25)	(69)	(79)	(81)	(89)	(101)	(117)	(125)	(100)	(85)	(109)	(109)	(1,113)
(7)	Health Plan Payments	(17)	-	-	(33)	(46)	-	-	-	(68)	(33)	-	-	(62)	(258)
(8)	Corporate Insurance Hunter	(25)	-	-	-	-	-	-	-			-	-	(25)	(50)
(9)	Freight In (% Materials Purchases)	(0)	(1)	(5)	(6)	(6)	(7)	(9)	(11)	(12)	(9)	(7)	(10)	(10)	(93)
(10)	International Sales Costs	-	(4)	-	-	-	(4)	-	-	-	(4)	-	-	-	(12)
(11)	Marketing	-	-	-	-	-	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(24)
(12)	Miscellaneous	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(13)
(13)	R&D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(14)	Other	(8)	(4)	(4)	(4)	(7)	(8)	(8)	(5)	(7)	(12)	(9)	(5)	(5)	(87)
(15)	Utilities	(71)	-	-	-	(31)	-	-	-	(31)	-	-	-	-	(133)
(16)	Hunter Property and Tangible Taxes	-		-	-		-				-	-	-		()
(17)	Total Operating Disbursements	(157)	(38)	(116)	(202)	(262)	(202)	(256)	(338)	(491)	(334)	(228)	(331)	(419)	(3,376)
(18)	Net Hunter Cash Flow	(157)	(11)	(109)	(189)	(67)	142	94	(227)	(192)	456	336	(81)	(128)	(132)
(10)	Act Hanter Gash Flow	(101)	(11)	(103)	(105)	(07)	142	34	(***)	(102)	400	000	(01)	(120)	(102)
	Other Brenn to Francisco														
	Other Property Expenses	(40)			(0)	(0)	(4)		(4)		(0)	(47)	(4)	(5)	(50)
(19)	Millville Uti ities/Security/Maintenance	(10)	-	-	(9)	(3)	(1)	-	(1)	-	(3)	(17)	(1)	(5)	(50)
(20)	St. Augustine Utilities	•	-	-	-	(1)	-	-	-	(1)	-	-	-	-	(2)
(21)	Salisbury Month to Month Rent	-	1	-	-	1	1	-	-	1	1	-	-	1	5
(22)	Salisbury Utilities - Electric Reimbursed by Tenant	-	-	-	(1)	-	-	-	(1)	-	-	-	(1)	-	(3)
(23)	Insurance - Other Properties	(25)	-	-	-	-	-	-	-	-	-	-	-	-	(25)
(24)	Total Other Expenses	(35)	1	-	(10)	(3)	(0)	-	(2)	0	(2)	(17)	(2)	(4)	(75)
	Total Operating and Other Expenses	(192)	(37)	(116)	(212)	(265)	(202)	(256)	(340)	(490)	(336)	(245)	(333)	(423)	(3,450)
	Cumulative Total Operating and Other Expense	(192)	(230)	(346)	(558)	(823)	(1,026)	(1,282)	(1,622)	(2,112)	(2,449)	(2,694)	(3,027)	(3,450)	
(25)	Net Cash Flow Before Bankruptcy Costs	(192)	(10)	(109)	(199)	(70)	141	94	(229)	(191)	454	319	(83)	(132)	(206)
	Cumulative Net Cash Flow before Bankruptcy	(192)	(202)	(311)	(510)	(580)	(438)	(344)	(573)	(764)	(310)	9	(74)	(206)	
(26)	Katz, Kane	-	-	-	(85)	-	-	-	-	-	(50)	-	-	-	(135)
(27)	Capstone	-	-	-	-	(100)	-	-	-	-	-	(100)	-	-	(200)
(28)	Counsel - Restructuring	-	-	-	-	(250)	-	-	-	-	(250)	-	-	-	(500)
(29)	Claims Agent	(15)	-	-	(75)	-	-	-	-	-	-	(75)	-	-	(165)
(30)	UCC Professionals	-	-	-	-	(25)	-	-	-	-	(25)	-	-	-	(50)
(31)	DIP Fees	-			-	-		-	-	-		-	-		-
(32)	DIP Interest		-			(2)	-			(7)			-	(9)	(18)
(33)	DIP Counsel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(34)	DIP Interest	-	-	-		(50)	-	-			(50)	-	-	-	(100)
(35)	US Trustee		-			-	-	-		(25)	-		-	-	(25)
(36)	Subtotal Restructuring Costs	(15)		-	(160)	(427)	-			(32)	(375)	(175)	-	(9)	(1,193)
(37)	Total Other and Restructuring	(50)	1	-	(170)	(430)	(0)	-	(2)	(32)	(377)	(192)	(2)	(13)	(1,268)
(38)	Net Cash Flow	(207)	(10)	(109)	(359)	(497)	141	94	(229)	(224)	79	144	(83)	(141)	(1,399)
(20)	Total Borrowings, Beginning	-	(207)	(217)	(326)	(685)	(1,182)	(1,041)	(946)	(1,175)	(1,399)	(1,320)	(1,176)	(1,258)	
(39)	Net Cash Flow	(207)	(207)	(217)	(326)	(005) (497)	(1,162) 141	(1,041) 94	(946) (229)	(1,175) (224)	(1,399) 79	(1,320)	(1,176) (83)	(1,256) (141)	(1,399)
(40)		( )	( )										( )		
(41)	Total Borrowings, Ending	(207)	(217)	(326)	(685)	(1,182)	(1,041)	(946)	(1,175)	(1,399)	(1,320)	(1,176)	(1,258)	(1,399)	(1,399)

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A		TICI	CATE OF LIA					CRIPPSH E (MM/DD/YYYY)
	UER CER	1161			JOURA		5	6/14/2012
	HIS CERTIFICATE IS ISSUED AS							
	ERTIFICATE DOES NOT AFFIRMA							
	ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A			UTE A CONTRACT	BEIWEEN	THE ISSUING INSURER	((S), A	UTHORIZED
	IPORTANT: If the certificate hold			ne policy(ies) must l	he endorsed	IF SUBROGATION IS V		D subject to
th	e terms and conditions of the polic	y, certai	n policies may require an	endorsement. A sta	atement on t	his certificate does not	confer	rights to the
Ce	ertificate holder in lieu of such endo	rsement	(s).					_
				CONTACT NAME:				
	rance Office of America, Inc. Box 162207			PHONE (A/C, No, Ext): (800) 2	243-6899	(A/C, No)	: (407	) 788-7933
Alta	monte Springs, FL 32716-2207			E-MAIL ADDRESS:				
					research and the first of a second	RDING COVERAGE		NAIC #
				INSURER A : Federa				20281
INSU	RED					surance Company		20303
	Morgan Industries Corp, et	al		The set of the second set of the second set of the second set of the set of the second second second set of the second seco	and an and a second or a second s	Insurance Company		27154
	PO Box 1030 Alachua, FL 32615			INSURER D : Zenith	ins Co			13269
	Alachia, ( 2 02010			INSURER E :	en en aler anne mer an de cheste et de aler			
~~`				INSURER F :				
	/ERAGES CEF		TE NUMBER:	HAVE REEN ISSUED		REVISION NUMBER:		
	DICATED. NOTWITHSTANDING ANY I							
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH						TO ALL	THE TERMS,
		ADDL SU	BR	POLICY EFF (MM/DD/YYYY)				1. The second
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR W	D POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	T	4 000 00
Α			79532929	3/19/2012	3/19/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				0/10/2010	PREMISES (Ea occurrence)	\$ \$	10,000
						MED EXP (Any one person) PERSONAL & ADV INJURY	5 5	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC					FRODUCIS-COMPTOF AGG	\$	1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
в	X ANY AUTO		73521288	3/19/2012	3/19/2013	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						(Per accident) \$		
t l	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
<b>c</b>	EXCESS LIAB CLAIMS-MADE		B5JH25209	3/19/2012	3/19/2013	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 25,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS ER		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Z071979601	12/31/1	1	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	datory in NH)	12/31/12	21/10	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			12/	31/12	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
4 E	Excess Liability		79532932	3/19/2012	3/19/2013	Excess Bumbershoot		15,000,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC							
ttice xcer	of the United States Trustee is additi t for non-payment of premium which	onal insi will be 10	red on the referenced liabil day notice of cancellation	ity policies and per f	-iorida law, w	/iii be given 45 days notic	e of ca	incellation
			eferenced policies as indica					

Morgan Industries Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Hunter Marine Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Luhrs Corporation: General Liability, Automobile, Excess Liability, Workers Compensation SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Office of the United States Trustee One Newark Center, Suite 2100 Newark, NJ 07102	AUTHORIZED REPRESENTATIVE

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		AGEN	CY CUSTOMER ID: MORGIND-01 LOC #:		C	RIP	PSI
ACORD	ADDITIONAL	REMA	RKS SCHEDULE	Page	1	of	1
AGENCY Insurance Office of America, POLICY NUMBER	, Inc. NAMED INSURED Morgan Industries Corp, et al PO Box 1030		Morgan Industries Corp, et al				****
SEE PAGE 1							
CARRIER		AIC CODE					
ADDITIONAL REMARKS	<u>S</u>	EE P 1	EFFECTIVE DATE: SEE PAGE 1				
THIS ADDITIONAL REMARKS FO							
FORM NUMBER: <u>ACORD 25</u> FC Description of Operations/Lo Mainship Corporation: Gener Silverton Corporation: Gener Hunter Composite Technolog Ovation Yachts Corporation: Salisbury 10 Acres, LLC: Gen Salisbury 20 Acres, LLC: Gen	ocations/Vehicles: ral Liability, Automobile, Exc ral Liability, Automobile, Exc gies Corporation: General Li General Liability, Automob neral Liability, Automobile, I	cess Liabi cess Liabil ability, Au ile, Exces Excess Lia	lity, Workers Compensation Itomobile, Excess Liability s Liability ability	· · · · · ·			

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In re: Hunter Composite Technologies Corpora Case No. 12-21162 Debtor Reporting Period: Initial Monthly Operating Report

## **Explanation 1 - Property Insurance Coverage**

Debtors Insurance Broker is working with the Debtors prior property insurance provider to bind coverage immediately and the broker believes such coverage will be in place by May 18, 2012.

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In re: Hunter Composite Technologies Corpora Case No. 12-21162 Debtors. Reporting Period: Initial Monthly Operating Report

## **Explanation 2 - Employee Health Insurance**

Debtors are self insured for Employee Health Coverage with stop loss coverage of \$250,000/person per plan year.

Bank of Am	56-MBK	Doc 95 Filed 05/15/	2 Entered 05/15/1	2 15:39:15 Desc Main count Documentation
Merrill Lync	ch	Document	Page 7 of 13	Signature Card
CLIENT INFORMATIO	w Account	Update (Add/Delete)	Signers D Supersede	Existing Signature Card
Account # (If new account			olgheis Duperseue	
		tch legal name indicated in company	formation documents)	
HONT	MAR MAR	NE CORPORATION	- DESTER 11	POSSESSION
DBA NAME or OWNER	BUSINESS NAME	OF DISREGARDED ENTITY or TH		
DESCRIPTIVE ACCOUNT	THE (if applic	able, e.g. Operating Account, Rent Account	count, etc. Cannot be another le	gal entity name.)
Address For Statemer		30× 1030, HIGHL	JAY LILI	
City: ALACHU	4	State: F-L	Postal Code: 32	.615
		ed to provide copies of your company char	ter or formation documents.):	EW JERSEY
TYPE OF BUSINESS	(Select One):			
Corporation			Sole Proprietorship	
Limited Liability Con			Unincorporated Organ	ization or Association
Manager Mar		per Managed 🔲 Sole Member		
General Partnersh			Joint Venture	
Limited Liability Pa			Government Authority	Agency (Type: )
Limited Partnersh			Other (Type: )	
TAX CLASSIFICATIO	the second state of the se	t be accompanied by appropriate own	er and agent indemnities and pro	perty management account supplement.
Employer Identificat		22-19879	21	
Legal name of the ov			INDUSTRIES C	17220-01
		dividual sole prop 🛛 C Corpora		
Federal Tax Classific				
				Corporation Partnership
		CERTIFICATION and AUTHORIZ		this Agreement. The deposit agreement we
give you is part of your a agreement at any time an	igreement with us r id will inform you of	egarding use of your account and tells	you the current terms governing y	your account. We may change the deposit nowledge receipt of the deposit agreement.
By singing below, you and	horize each nerson	who has signed in the Designated Acc	ount Signer section below to opera	te any account opened under this signature
card now or in the future.	The authority to op	erate an account includes: authority to :	sign checks and other items and to	give us other instructions to withdraw funds;
				ninistrative business relating to the account, that by checking the box to the left of their
name. We may rely on th	is authorization for	any account opened under this signati	are card until we receive written no	tice revoking the authorization at the office
where we maintain the act	count, and we have	a reasonable time to act upon such notic	<i>.</i>	
				anization is correct; 2) that the organization withholding because: (a) the organization is
exempt from back-up with	holding, or (b) has r	tot been notified by the Internal Revenu	e Service (the IRS) that it is subject	to back up withholding as a result of failure
to report all interest or div	vidends, or (c) the I	RS has notified the organization that in tates person and follow the instruction	t is no longer subject to backup wil	below."] [Cross out item 2 above if the below."] [Cross out item 3 above if you
have been notified by the	e IRS that you are o	currently subject to backup withholdi	ng for failure to report interest or	dividends.]
* If the organization listed Resident Aliens or Foreig	above is a foreign	entity use the applicable Form W-8 (fr	or additional information please see	e IRS Pub 515 Withholding of Tax on Non- s, a partnership created or organized in the
United States or under the	a law of the United S	tates or of any State, a corporation crea		s, a partnership created of organized in the
		preign estate or foreign trust.	A Tou lefe metion On Meretion and	
For CA Public Funds ont	y: Any person signi	ees to be bound to the above Agreemen ng this Agreement for the Organization (	ertifies that they are duly authorized	Authorization. I to do so as evidenced by attached banking
resolution/contract for dep	osit of moneys or ex	isting banking resolutions/contract for d	eposit of moneys on file with us.	
The IKS does not requi		o any provision of this document o Signer Signature:	ther than the certifications requ	ired to avoid backup withholding.
(Must match Banking Re			(KT. Patera)	
			TREST DENI	C Date: 5/7/17
Print Name: JOHN T. PERSON Print Title: PRESIDENT Date: 5/7/12 Authorized Signer Signature:				
(Must match Banking Resolution & Certificate of Incumbency):				
		DINGLER Print Title:	VICE TRESIDEN	17 Date: 5/7/12
DESIGNATED ACCO	UNT SIGNERS	use supplemental pages as ne	eded for additional signers)	
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title	Signature
	ADD	JOHN T. TETERSON	PRESIDENT	the Fitterson -
	ADD	BRIANG. DINGLER	VICE RESTER	472">1
	DELETE	WILLIAM FINNEY		

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Case 12-211 Bank of Am	56-MBK	Doc 95 Filed 05/15/12 Document F	2 Entered 05/15/12 15:39:15 Desc Main Page 8 der gosit Account Documentation		
Merrill Lyne	ch		Signature Card		
CLIENT INFORMATI	ION				
Select One: N		Update (Add/Delete)	Signers Supersede Existing Signature Card		
Account # (If new acco					
		atch legal name indicated in company f	formation documents)		
HUNTE	and the second se		- DESTOR IN POSSESSION		
DBA NAME or OWNER			RD PARTY / FUNDS OWNER NAME, if applicable		
DESCRIPTIVE ACCOU		ESCROW ACCOUNT	count, etc. Cannot be another legal entity name.)		
Address For Stateme	ent: 70	BOX 1030, HIGHL	DAU 441		
City: ALACH	tuA	State: FC	Postal Code: 32615		
and the second se		red to provide copies of your company charte	er or formation documents.): NEW JERSEY		
TYPE OF BUSINESS	Select One:				
Corporation			Sole Proprietorship		
Limited Liability Co	mpany:				
	naged 🗌 Mem	iber Managed 🔲 Sole Member	Unincorporated Organization or Association		
General Partners			Joint Venture		
Limited Liability P			Government Authority/ Agency (Type: )		
Limited Partnersh			Other (Type: )		
	ment accounts mus	st be accompanied by a propriate owne	er and a_ent indemnities and property management account supplement.		
Employer Identificat		22-100-00	8 6		
Legal name of the o		N linked observed America 1	INDUSTRIES CORTORATION		
	a second s	and the second se			
Federal Tax Classifi		ndividual sole prop 🔯 C Corporat			
AGREEMENT, TAX You begin or continue a c give you is part of your agreement at any time ar	INFORMATION ( deposit account relat agreement with us in ad will inform you of	CERTIFICATION and AUTHORIZA tionship with us by giving us information all regarding use of your account and tells			
card now or in the future. to endorse and deposit cl including closing the acco name. We may rely on the	The authority to op hecks and other iten punt. If you wish to his authorization for	perate an account includes: authority to signs payable to or belonging to you to the a or restrict a designated signer's authority to any account opened under this signatur	unt Signer section below to operate any account opened under this signature gn checks and other items and to give us other instructions to withdraw funds; account; and, to transact other administrative business relating to the account, o check signing you must indicate that by checking the box to the left of their re card until we receive written notice revoking the authorization at the office a.		
where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization listed above is a United States person (defined below), and 3) the organization listed above is not subject to backup withholding because: (a) the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to backup withholding. [Cross out item 2 above if the organization listed above is not a United States person and follow the instructions in the paragraph immediately below.] [Cross out item 2 above if the organization listed above is not a United States person and follow the instructions in the paragraph immediately below.] [Cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding of railure to report interest or dividends.] * If the organization listed above is a foreign entity use the applicable Form W-8 (for additional information please see IRS Pub 515 Withholding of Tax on Non-Resident Aliens or Foreign Entities). The term "United States person" means: a citizen or resident of the United States or organized in the United States or of any State, or any estate or trust other than a foreign estate or foreign entity.					
For CA Public Funds on resolution/contract for de	Iy: Any person signi sit of moneys or ex	ing this Agreement for the Organization ce xisting banking resolutions/contract for dep	, Tax Information Certification and Authorization. ertifies that they are duly authorized to do so as evidenced by attached banking posit of moneys on the with us.		
	Authorized S	Signer Signature:	her can be confications required to avoid backup withholding		
(Must match Banking R	the second s		poter 11 Junes		
Print Name: Jo	HNT. TE		PRESIDENT Date: 5/7/12		
(Must match Banking Re		Signer Signature:	2. 11		
and the second se		Print Title:	VICE RESIDENT Date: 5/1/12		
		(use supplemental pages as nee			
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title Signature		
	ADD ADD	DANIEL N. JET			
	AD	JOHN T. PETERSON			
	ADD	BRIAN G. DINGLER			
	1	within the product			
L	1				

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Page 1 of 1 Bank of America - Confidential

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Merrill Lynd	h	Document F	age 9 of the strate	
Werrm Lyn	-11			Signature Card
CLIENT INFORMATI	ON			
Select One: 🔊 Ne	ew Account	Update (Add/Delete)	Signers Dispersede	Existing Signature Card
Account # (If new acco	unt, Bank will comp	plete):		
		tch legal name indicated in company f		
		OF DISREGARDED ENTITY or THI		ME if applicable
		able, e. Operating Account, Rent Acc		al entity name.)
Address For Stateme		× 1030, HIGHWAK	441	
City: ALACHU	ł	State: FC	Postal Code: 32	615
STATE OF FORMATIO	N (You may be require	ed to provide copies of your company charte	er or formation documents.): N	EW JELSEY
TYPE OF BUSINESS	(Select One):			
Corporation			Sole Proprietorship	
Limited Liability Cor		per Managed 📋 Sole Member	Unincorporated Organ	ization or Association
General Partners	*		Joint Venture	
Limited Liability P			Government Authority	Acency (Type: )
Limited Partnersh			Other (Type: )	
Note: Projerty manager	ment accounts mus	t be accompanied by appropriate owne		perty management account supplement.
TAX CLASSIFICATIO		22-19379	1/1	
Employer Identificat		the second se	INDUSTRIES COR	
Federal Tax Classifi				Partnership Trust/Estate
				Corporation Partnership
You begin or continue a d give you is part of your a agreement at any time an	eposit account relation agreement with us re ad will inform you of a	egarding use of your account and tells	bout your business and by signing t you the current terms governing y	his Agreement. The deposit agreement we our account. We may change the deposit nowledge receipt of the deposit agreement.
card now or in the future. to endorse and deposit of including closing the acco name. We may rely on the	The authority to op- necks and other item punt. If you wish to his authorization for	erate an account includes: authority to si is payable to or belonging to you to the a restrict a designated signer's authority to	gn checks and other items and to g account; and, to transact other adm o check signing you must indicate re card until we receive written not	e any account opened under this signature live us other instructions to withdraw funds; inistrative business relating to the account, that by checking the box to the left of their ice revoking the authorization at the office
By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to back up withholding. [Cross out item 2 above if the organization listed above is not a United States person and follow the instructions in the paragraph immediately below.] [Cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding for failure to report interest or dividends.] * If the organization listed above is a foreign entity use the applicable Form W-8 (for additional information please see IRS Pub 515 Withholding of Tax on Non-Resident Aliens or Foreign Entities). The term "United States person" means: a citizen or resident of the United States or under the law of the United States or of any State, or any estate or trust other than a foreign estate or foreign furty. By Signing below, this organization hereby agrees to be bound to the above Agreement, Tax Information Certification and Authorization.				
resolution/contract for dep	sit of moneys or ex	isting banking resolutions/contract for de	posit of moneys on file with us.	to do so as evidenced by attached banking
THE INS GOES NOT TO JU		o any provision of this document of Signer Signature:	ner una mu cerumcations requi	ired to avoid backup withholding.
(Must match Banking Re			the literno	
Print Name: Joh	NT. PETE	RSON Principle 2	TRESIDENT	Date: SAIZ
	Authorized S	Signer Signature:	50 21	
(Must match Banking Re			6. C	
Print Name: BR		CLER Print Title:	VICE PRESIDENT	Date: 5/7/12
		use supplemental pages as nee	ded for additional signers)	
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title	Signature
	ADD	DANIEL N. JET	SECRETARY	aguel g. MM
	ADD	JOHN T. PEIERSON	PRESIDENT	tothe I stores
	ADD	BRIAN G. DINGLER	VICE PRESIDENT	-12. ) (
				-

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Case 12-211	56-MBK	Doc 95 Filed 05/	15/12	Entered 05/15/12	2 15:39:15 Desc Main count Documentation
Merrill Lynd	ch	Document	Ра	ige 10 of the	Signature Card
CLIENT INFORMATI					orginatare oura
1.2.4	ew Account	Update (Add/	(Delete) S	Signers D Supersede	Existing Signature Card
Account # (If new acco			00101070		Existing eignature ourd
		tch legal name indicated in c	ompany fo	rmation documents)	
HUNTER		CORTORATIO			POSSESSION
	BUSINESS NAME	OF DISREGARDED ENTIT	Y or THIR	D PARTY / FUNDS OWNER NA	
DESCRIPTIVE ACCOU	0		Rent Acco	ount, etc. Cannot be another leg	al entity name.)
Address For Stateme			HWA	441	
City: ALACHO	A	State: EC			615
1 I THE REAL		ed to provide copies of your comp	any charter	or formation documents.): No	EW JERSEY
TYPE OF BUSINESS					
M Corporation				Sole Proprietorship	
Limited Liability Cor	npany:				inction of Appariation
🔲 Mana er Mar		ber Managed 🔲 Sole M	lember	Unincorporated Organ	Ization of Association
General Partners				Joint Venture	
Limited Liability P	artnership			Government Authority	Agency (Type: )
Limited Partnersh	ip			Other (Type: )	
Note: Property manager		t be accompanied by a, progra	riate owner	r and agent indemnities and pro	erty management account supplement.
Employer Identifical	tou Number 1	22-198	700	26	
Legal name of the o		and the second Western	BAU		SKIRKATION
Federal Tax Classifi		dividual sole prop 🔣 C			Partnership Trust/Estate
		imited Liability Company			Corporation Partnership
		CERTIFICATION and AUT	and the second se	Characterization of the second s	
You begin or continue a d	eposit account relati	onship with us by giving us info	rmation ab	out your business and by signing t	this Agreement. The deposit agreement we
					our account. We may change the deposit nowledge receipt of the deposit agreement.
		alternative dispute resolution			
By signing below, you au	thorize each person	who has signed in the Design	ated Accou	int Signer section below to operat	e any account opened under this signature
					give us other instructions to withdraw funds; inistrative business relating to the account,
including closing the acco	ount. If you wish to	restrict a designated signer's a	authority to	check signing you must indicate	that by checking the box to the left of their
		any account opened under thi a reasonable time to act upon s			tice revoking the authorization at the office
					anization is correct; 2) that the organization withholding because: (a) the organization is
exempt from back-up with	holding, or (b) has r	not been notified by the Internal	Revenue	Service (the IRS) that it is subject	to back up withholding as a result of failure
to report all interest or di organization listed above	vidends, or (c) the live is not a United S	RS has notified the organization tates person and follow the i	n that it is nstruction	s no longer subject to backup with s in the paragraph immediately	hholding. [Cross out item 2 above if the below."] [Cross out item 3 above if you
have been notified by th	e IRS that you are o	currently subject to backup w	ithholding	for failure to report interest or e	dividends.]
					IRS Pub 515 Withholding of Tax on Non- , a partnership created or organized in the
United States or under the	e law of the United S	tates or of any State, a corpora			s or under the law of the United States or of
any State or any estate o	r trust other than a fo	prei in estate or forei in trust.	areement	Tax Information Certification and /	uthorization
For CA Public Funds on	ly: Any person signi	ng this Agreement for the Organ	nization cer	tifies that they are duly authorized	to do so as evidenced by attached banking
resolution/contract for de	sit of moneys or ex	isting banking resolutions/contr	act for de	sit of most vs on file with us.	ired to avoid backup withholding.
A COMPANY MANY DISTANCE AND A DESCRIPTION		Signer Signature:	any any office and the		
(Must match Banking Re		•		the T. Yillinger	
Print Name: Jo	IN T. PET	CRSON Print	Title:	PRESIDENT	Date: 5/5/12
		Signer Signature:	12	25	
(Must match Banking R			-	171	
Print Name: 37	IAN G. D	NGLER Print	Title:	VICE PRESIDEN	Date: Shiz
DESIGNATED ACCC		use supplemental pages	s as need	fed for additional signers)	
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name		Title	Signature 1
	ADD	DANIEL N. JE	π	SECRETARY	Kapulan MA
	ADD	JOHN T. PETER	SON	PRESIDENT	John T. Veterson .
	600	BRIANG. DIN	SLER	VICE PRESIDENT	41.2
					-

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Case 12-21156-MBK Doc 95 Filed 05/15/12 Entered 05/15/12 15:39:15 Desc Main Document Page 11 Deposit Account Documentation Banking Resolution and Certificate of Incumbency
Date: 5/7/12
Select One: Dew Resolution/Incumbency Supersede Banking Resolution Dydate Incumbency
This Banking Resolution and Certificate of Incumbency will apply to all accounts you maintain with us.
HUNTER MARINE CARTERATION - DESTAR IN POSSESSION
Organization Legal Name
The Organization adopts the following Banking Resolution and Certificate of Incumbency (with specimen signatures)*
The undersigned certifies that:
1) any individual (each an "Authorized Signer") holding any of the following positions:
PRESIDENT SECRETARY
(Title) (Title)
(Title) (Title)
is authorized, acting alone, (a) to establish accounts from time to time for the Organization at Bank of America, N.A. (the "Bank"), as well as to operate and

close such accounts, and (b) to designate persons to operate each such account including closing the account, and 2) the person whose signature, name, and title appear in the "AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION" section of the Deposit Account Documentation Signature Card ("Signature Card") and those persons listed below on the Incumbency Certificate, are Authorized Signers who are authorized to establish accounts and to designate persons to operate each such account and to execute contracts and agreements with the Bank and that their signatures are genuine.

3) the persons who signed in the Designated Account Signers section of the Signature Card are authorized to operate any accounts opened with the deposit account documentation unless otherwise noted on the Signature Card, and that their signatures are genuine.

4) the foregoing is a complete, true and correct copy of the banking resolutions adopted by the Board of Directors, the Members or the General Partners, Commission, Council or Governing Board as applicable, of the Organization, government entity or authority and that the resolutions are still in full force and effect and have not been amended or revoked and do not exceed the objects or powers of the Organization, government entity, authority or the powers of its management or Governing Board, Commission or Council.

Incumbency Certificate: Use when Authorized Signer's signature does not appear on the accompanying Signature Card, or to update authorized signers.

Name	Title	Signature
JOHN T. PETERSON	PRESIDENT	yohn T. P. et an
BRIAN G. DINGLER	VICE PRESIDENT	Casto -
DANIEL N. JET	SECRETARY	Jamiel A.M.A.
		All All A

\* If you choose to provide your own Banking Resolution and Certificate of Incumbency (with specimen signatures), it must be attached to the signature card.

This Banking Resolution and Certificate of Incumbency must be signed as follows:

Corporations: Secretary or assistant secretary of the company must sign.

Any Partnership type: One of the general partners must sign. If the general partner is an organization, show the name of the general partner and include capacity of signer.

Limited Liability Company: Member Managed LLC: One of the members or an officer of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.

Manager Managed LLC: The manager or managers or an officer authorized of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.

Other unincorporated organizations: An officer of the organization who is authorized by the by-laws or operating agreement of the company must sign. Government entities, authorities or agencies: An authorized signer of the government entity/authority who is authorized by the statutes must sign. 1 1 1

IN WITNESS WHEREOF, I have hereunto set my hand as	(title) of the Organization listed above this
day of Mart_, 20/2	A DA MAR
BY: JANIEL N. JETT	Finel KMAN
Type or Print Name of Certifying Individual	Signaturg
(Name of Company who is General Partner or Member)	

THIS DOCUMENT MUST BE PROCESSED BY THE BANK OF AMERICA UNIT LISTED BELOW						
For Bank Use:	Forward to:					
Date Received:		Received by:		Phone:		
Date Reviewed:		Reviewed by:				

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IN

## Case 12-21156-MBK Doc 95 Filed 05/15/12 Entered 05/15/12 15:39:15 Desc Main Document Page 12 of 13

In re: Hunter Composite Technologies Corpora Case No. 12-21162 Debtors. Reporting Period: Initial Monthly Operating Report

# **Explanation 3 - Main Operating Account**

Pursuant to Docket Filing number 40: Order Authorizing Continued Maintenance of Existing Bank Accounts, the Debtors are using its Bank of America account ending in 4377 at Bank of America as its General Operating Account.

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In re: Hunter Composite Technologies Corporation Debtors

Case No. 12-21162 Reporting Period: Initial Monthly Operating Report IR-2

## SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer <sup>1</sup>)

	Che	eck			Amount Applied	
Payee	Date	Number	Name of Payor	Amount	to Date	Balance
Arent Fox, LLP	3/8/2012	(1)	Hunter Marine Corporation	75,000	75,000	0
Capstone Advisory Group LLC	12/28/2012	(1)	Warren Luhrs	10,000	10,000	0
Donlin, Recano & Company, Inc.	4/19/2012		Hunter Marine Corporation	15,000	0	15,000
Stichter, Riedel, Blain & Prosser	10/16/2009	152575	Luhrs Corporation	5,000		5,000
Rattett Pasternak LLP	4/23/2012	(1)	Hunter Marine Corporation	5,000	5,000	0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0

<sup>1</sup> Identify all Evergreen Retainers

(1) Paid by wire