UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY

In re: Hunter Marine Corporation Debtor

Case No. 12-21167

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:		
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	

are true and correct to the best of my knowledge and bell the signature of Debtor John Peterson, Treasurer	May 14, 2012 Date
Signature of Joint Debtor	Date
Signature of Authorized Individual*	Date
Printed Name of Authorized Individual	Title of Authorized Individual

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached

^{*}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.

In re: Hunter Marine Corporation

Debtor

Case No. 12-21167

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

	Consolidated	1 4-May	2 11-May	3 18-May	4 25-May	5	6 8-Jun	7 15-Jun	8 22-Jun	9 29-Jun	10 6-Jul	11 13-Jul	12 20-Jul	13 27-Jul	Total
	Hunter Boat Sales		•	•		1-Jun 195 \$					790 \$				204
(1)	Total Cash Receipts		\$ 27 : 27	\$ 8 \$ 8	13 5 13	195 \$	344 \$	351 S	111	299 a 299	790 \$	564 p	251 \$	291 \$	3,244 3,244
(2)	Cumulative Total Cash Receipts	- :	27	35	49	244	587	938	1,049	1,348	2,139	2,702	2,953	3,244	3,244
	Units		4	1	2	5	6	6	1,049	1,346	7	7	2,933	7	60
(4)	Utilits	-	4	'	2	5	Ü	0	3	0	,	,	4	,	0
(5)	Materials Purchases	(10)	(2)	(37)	(79)	(90)	(90)	(135)	(201)	(243)	(172)	(123)	(204)	(205)	(1,59
(6)	Payroll, including employer taxes	(25)	(25)	(69)	(79)	(81)	(89)	(101)	(117)	(125)	(100)	(85)	(109)	(109)	(1,11
(7)	Health Plan Payments	(17)	-	-	(33)	(46)	-	-	-	(68)	(33)	-	-	(62)	(25
(8)	Corporate Insurance Hunter	(25)	-	-	-	-	-	-	-	-	-	-	-	(25)	(5
(9)	Freight In (% Materials Purchases)	(0)	(1)	(5)	(6)	(6)	(7)	(9)	(11)	(12)	(9)	(7)	(10)	(10)	(9
(10)	International Sales Costs	-	(4)	-	-	-	(4)	-	-	-	(4)	-	-	-	(1
(11)	Marketing	-	-	-	-	-	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(2
(12)	Miscellaneous	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1
(13)	R&D	-	-	-	-	-	-	-	-		-	-	-	-	
(14)	Other	(8)	(4)	(4)	(4)	(7)	(8)	(8)	(5)	(7)	(12)	(9)	(5)	(5)	(8
(15)	Utilities	(71)	- (-)	-	-	(31)	-	-	-	(31)	. ,	-	-	-	(13
(16)	Hunter Property and Tangible Taxes		_	_	_	-	_	_	_	-	_	_	_	_	
(17)	Total Operating Disbursements	(157)	(38)	(116)	(202)	(262)	(202)	(256)	(338)	(491)	(334)	(228)	(331)	(419)	(3,37
(18)	Net Hunter Cash Flow	(157)	(11)	(109)	(189)	(67)	142	94	(227)	(192)	456	336	(81)	(128)	(13:
		(- /	. ,	,,	, ,	,			. ,	(, ,					
	Other Property Expenses														
(19)	Millville Uti ities/Security/Maintenance	(10)			(9)	(3)	(1)	_	(1)	_	(3)	(17)	(1)	(5)	(5
	St. Augustine Utilities	(10)	-	-	(3)	(1)	(1)	_	(1)	(1)	(3)	(11)	(1)	(3)	(0
(20)	Salisbury Month to Month Rent	-	1	-	-	1	1	-	-	(1)	1	-	-	1	,
(21)	Salisbury Utilities - Electric Reimbursed by Tenant	-	'	-	(1)		'		(1)	'				'	(
(22)		(05)	-	-	(1)	-	-	-	(1)	-	-	-	(1)	-	
(23)	Insurance - Other Properties	(25)	1	•			- (0)		- (0)	0	- (0)	(47)	- (0)	- (4)	(2
(24)	Total Other Expenses	(35)		- (440)	(10)	(3)	(0)	(050)	(2)		(2)	(17)	(2)	(4)	(7
	Total Operating and Other Expenses	(192)	(37)	(116)	(212)	(265)	(202)	(256)	(340)	(490)	(336)	(245)	(333)	(423)	(3,45
	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)	
	Katz, Kane				(85)	_					(50)	_			(13
(26)		-	-	-	(00)		-	-	-	-	(50)		-	-	
(27)	Capstone	-	-	-	-	(100)	-	-	-	-		(100)	-	-	(20
(28)	Counsel - Restructuring	-	-	-	-	(250)	-	-	-	-	(250)	-	-	-	(50
(29)	Claims Agent	(15)	-	-	(75)	(05)	-	-	-	-	(05)	(75)	-	-	(16
(30)	UCC Professionals	-	-	-	-	(25)	-	-	-	-	(25)	-	-	-	(5
(31)	DIP Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
(32)	DIP Interest	-	-	-	-	(2)	-	-	-	(7)	-	-	-	(9)	(*
(33)	DIP Counsel	-	-	-	-	-	-	-	-	•	-	-	-	-	
(34)	DIP Interest	-	-	-	-	(50)	-	-	-	-	(50)	-	-	-	(10
(35)	US Trustee		-	-	-	-	-	-	-	(25)	-	-	-	-	(2
(36)	Subtotal Restructuring Costs	(15)	-	-	(160)	(427)	-	-	-	(32)	(375)	(175)	-	(9)	(1,19
(37)	Total Other and Restructuring	(50)	1	-	(170)	(430)	(0)	-	(2)	(32)	(377)	(192)	(2)	(13)	(1,2
(38)	Net Cash Flow	(207)	(10)	(109)	(359)	(497)	141	94	(229)	(224)	79	144	(83)	(141)	(1,3
(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)	. ,		(326)	(685)		(1,041)	. ,	(1,175)		,			(4.20
		(207)	(10)	(109)	(359)	(497)	141	94	(229)	(224)	79	144	(83)	(141)	(1,39
(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,

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In re: Hunter Marine Corporation Case No. 12-21167

Debtors. 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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

MORGIND-01 CRIPPSK

DATE (MM/DD/YYYY) 5/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Office of America, Inc. P.O. Box 162207 Altamonte Springs, FL 32716-2207	CONTACT NAME: PHONE (A/C, No, Ext): (800) 243-6899 E-MAIL ADDRESS:	_{o):} (407) 788-7933			
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A : Federal Insurance Company				
INSURED	INSURER B: Great Northern Insurance Company	20303			
Morgan Industries Corp, et al	INSURER C: Atlantic Specialty Insurance Company	y 27154			
PO Box 1030	INSURER D : Zenith Ins Co	13269			
Alachua, FL 32615	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GEN	VERAL LIABILITY		artiritus (talifias	TOTAL CALL SELECTION CONTROL CONTROL SELECTION CONTROL SELECTION CONTROL SELECTION CONTROL CON			EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GENERAL LIABILITY			79532929	3/19/2012	3/19/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
		POLICY PRO- JECT LOC							\$	The second secon
	AUT	OMOBILE LIABILITY			THE REPORT OF THE PROPERTY OF			COMBINED SINGLE LIMIT (Ea accident)	\$	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)	\$	
									\$	A CANADA
	Х	UMBRELLA LIAB X OCCUR			THE THE PARTY OF T		***************************************	EACH OCCURRENCE	\$	10,000,000
С		EXCESS LIAB CLAIMS-MADE			B5JH25209	3/19/2012	3/19/2013	AGGREGATE	\$	10,000,000
		DED X RETENTION\$ 25,000							\$	TOO BOOK FOR A MENDER OF THE PARTY OF THE PA
		RKERS COMPENSATION EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		Z071979601	12/31/1	1	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A			10/	01/10	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below				12/	31/12	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Exc	ess Liability			79532932	3/19/2012	3/19/2013	Excess Bumbershoot		15,000,000
						100				
					U-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43-17-43					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Office of the United States Trustee is additional insured on the referenced liability policies and per Florida law, will be given 45 days notice of cancellation except for non-payment of premium which will be 10 day notice of cancellation.

The following Named Insured's are included under referenced policies as indicated:

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 All

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	AGE	NCY CUSTOMER ID: MORGIND-01 LOC #:	CRIPPS
ACORD [®] ADDITION	NAL REM	ARKS SCHEDULE	Page 1 of 1
AGENCY Insurance Office of America, Inc.	**************************************	NAMED INSURED Morgan Industries Corp, et al	
POLICY NUMBER	***************************************	PO Box 1030 Alachua, FL 32615	
SEE PAGE 1		Alacilua, F.E. 32013	
CARRIER	NAIC CODE		
	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	4.00
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO	ACORD FORM.	* ************************************	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of			
Description of Operations/Locations/Vehicles: Mainship Corporation: General Liability, Automob	ile, Excess Liab	oility, Workers Compensation	
Silverton Corporation: General Liability, Automobi Hunter Composite Technologies Corporation: Gen	eral Liability, A	utomobile, Excess Liability	
Ovation Yachts Corporation: General Liability, Au	tomobile, Exce	ss Liability	
Salisbury 10 Acres, LLC: General Liability, Autom Salisbury 20 Acres, LLC: General Liability, Autom	obile, Excess L	iability	
Salisbury 20 Acres, LLC: General Liability, Autom	oblie, Excess L	liability	

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In re: Hunter Marine Corporation Case No. 12-21167

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.

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The state of the s		William and all the			_				gnature Card
CLIENT INFORM								STREET, SQUARE	Total Control of the
	New Account		Update (A	dd/Delete	e) Signers	Super	rsede Existir	na Sianati	ire Cord
Account # (If new	account, Bank will o	complete):					OGGC EXISTI	ig Oignatt	ile Cald
ORGANIZATION LI	EGAL NAME (Mus	t match lega	I name indicated	in company	v formation docur	ments)			
							N Pos	= = 40.	0.1
DBA NAME or OW	NER BUSINESS N	AME OF DIS	REGARDED EN	TITY or TH	IRD PARTY / FL	INDS OWN	ER NAME IF	annlicable	019
DESCRIPTIVE ACC	COUNT TITLE (if ap	onlicable e.g.	Operating Asses	ınt, Rent A	ccount, etc. Can	not be anoth	ner legal entity	/ name.)	
Address For State		10001	-	0			-		
City: ALACH			1030 H	ICHL	JAU LIL	//			
STATE OF FORMA	TION (You may be se	3	tate: FL		Postal	Code:	32615		
TYPE OF BUSINE	SS (Select One):	equired to provi	de copies of your co	mpany char	ter or formation doc	cuments.):	NEW	JERS	EU
□ Corporation	tocicci onej.								
Limited Liability (Company				☐ Sole Pr	oprietorsh	ip		
	Managed Me				□ Uninco	rnorated O		(82)	
☐ General Partne	erehin	ember iviana	aged Sole	Member			rganization	or Assoc	ation
☐ Limited Liability					☐ Joint Ve				
☐ Limited Partner	rebin				☐ Govern	ment Auth	ority/ Agenc	y (Type:)
					OAL /				
Note: Property mana	TION	nust be accor	mpanied by appro	priate own	er and agent inde	emnities and	d property ma	nagement	account sunnlement
			111					<u> </u>	account supplement.
Employer Identific		22	- 1 9 8	79	26				
Legal name of the				RCAN	IN DUST	7.35	CORPE	70-	2.1
Federal Tax Class		Individual s	ole prop 🛛 C	Corporat	tion S Con		Partners		
LLC Tax Classifica	ation (UNLY for	Limited Li	ability Compar	21/-	C C				Trust/Estate
AGREEMENT IA	X INFORMATION	LOCOTICIO	A-1041				S Corporati	on	☐ Partnership
You begin or continue a give you is part of you agreement at any time	a deposit account re	lationship with	us by giving us in	formation a	bout your business	and by sign	sing this As		
give you is part of you agreement at any time.	and will inform you	s regarding us	se of your accoun	t and tells	you the current te	rms governi	ng your accou	ment. The int. We ma	deposit agreement we
agreement at any time The deposit agreement	includes a provision	for <u>alternativ</u>	e dispute resolut	s and oblig ion.	ations. By signing	below, you	acknowledge	receipt of the	he deposit agreement.
By signing below your	and the same								
card now or in the future to endorse and deposite including closing the ac-	e. The authority to	operate an ac	count includes: au	nated Acco thority to sid	unt Signer section	below to op	erate any acc	ount opene	d under this signature
including closing the ac	Sound of the second	ems payable t	o or belonging to	you to the a	ccount: and to tra	ensact other	administration	ei instructio	ons to withdraw funds;
including closing the ac name. We may rely on where we maintain the a	this authorization for	or any accoun	nt opened under the	authority to his signature	check signing yo	u must indic	ate that by ch	ecking the	box to the left of their
	account, and we have	e a reasonable	e time to act upon	such notice		millon	HOUSE TEVORI	ig the auth	ionization at the office
By signing below, you obsted above is a United exempt from back-up with	certify under penalty	of perjury that	t 1) the employer i	dentification	number lieted at	oue for this			
isted above is a United exempt from back-up with to report all interest or	States person (def	ined below); a	and 3) the organiz	ation listed	above is not sub	ove for this lect to back	organization is	correct; 2)	that the organization
exempt from back-up with the control of the control	dividends, or (c) the	IRS has notif	ified by the Interna	Revenue	Service (the IRS)	that it is sub	ject to back up	withholding	a) the organization is
Tave hoop potified but	the is not a officed	states perso	n and follow the	instruction	s in the paragrap	sh immediat	with intoluting.	cross out	item 2 above if the
have been notified by the listens of	ed above is a foreig	n entity use t	bject to backup v	vithholding	for failure to rep	ort interest	or dividends.	[Cross out	item 3 above if you
									lding of Tax on Non-
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by signing below, this order CA Public Funds of	ganization hereby ag	rees to be bo	und to the above A	areement	Tay Information C	orlification			ie omico otales (ii ti
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he IRS does not requ	ire your consent	to any provi	sion of this doc	act for depo	osit of moneys on	file with us.	10 45 56 45	evidenced	by attached banking
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Merrill Lynch		Signature Card
CLIENT INFORMATION		TO A MARKET THE STREET
Select One: New Account Update (Add/Delete) S	Signers 🔲 Supersede	Existing Signature Card
Account # (If new account, Bank will complete):		
ORGANIZATION LEGAL NAME (Must match legal name indicated in company for the co	- DE3, GR IN	POSSESSION ME, if applicable
DESCRIPTIVE ACCOUNT TITLE (if applicable, e.g. Operating Account, Rent Account	ount, etc. Cannot be another leg	al entity name.)
Address For Statement: PO BOX 1030 HIGHLA	JAV 441	
City: ALACHUA State: FC		615
STATE OF FORMATION (You may be required to provide copies of your company charter	or formation documents.):	W JERSEY
TYPE OF BUSINESS (Select One):		
Corporation	Sole Proprietorship	
Limited Liability Company:	☐ Unincorporated Organi	zation or Association
☐ Manager Managed ☐ Member Managed ☐ Sole Member	U Offinicorporated Organi	Zation of Association
☐ General Partnership	☐ Joint Venture	
☐ Limited Liability Partnership	Government Authority/	Agency (Type:)
☐ Limited Partnership	Other (Type:)	
Note: Property management accounts must be accompanied by a pro_riate owner TAX CLASSIFICATION	r and a ent indemnities and prop	perty management account supplement.
Employer Identification Number: 222-19879	16	
Lagal gains of the owner of the F.J.N listed above: (DOZGAN)	INDUSTRIES C	OKROKATION
Federal Tax Classification: Individual sole prop C Corporation		Partnership Trust/Estate
		orporation Partnership
AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZA You begin or continue a deposit account relationship with us by giving us information abgive you is part of your agreement with us regarding use of your account and tells y agreement at any time and will inform you of changes that affect your rights and obliga The deposit agreement includes a provision for alternative dispute resolution.	out your business and by signing to ou the current terms governing you ations. By signing below, you ackn	our account. We may change the deposit lowledge receipt of the deposit agreement.
By signing below, you authorize each person who has signed in the Designated Accou- card now or in the future. The authority to operate an account includes: authority to sig to endorse and deposit checks and other items payable to or belonging to you to the a- including closing the account. If you wish to restrict a designated signer's authority to name. We may rely on this authorization for any account opened under this signature where we maintain the account, and we have a reasonable time to act upon such notice.	in checks and other items and to g ecount; and, to transact other adm check signing you must indicate to e card until we receive written not	ive us other instructions to withdraw funds; inistrative business relating to the account, that by checking the box to the left of their
By signing below, you certify under penalty of perjury that 1) the employer identification listed above is a United States person (defined below), and 3) the organization listed exempt from back-up withholding, or (b) has not been notified by the Internal Revenue: to report all interest or dividends, or (c) the IRS has notified the organization that it is organization listed above is not a United States person and follow the instruction have been notified by the IRS that you are currently subject to backup withholding. If the organization listed above is a foreign entity use the applicable Form W-8 (for Resident Aliens or Foreign Entities). The term "United States person" means: a citizer United States or under the law of the United States or of any State, a corporation create any State, or any estate or trust other than a foreign estate or foreign trust.	above is not subject to backup w Service (the IRS) that it is subject is no longer subject to backup with is in the paragraph immediately if or failure to report interest or c additional information please see nor resident of the United States,	ithholding because: (a) the organization is to back up withholding as a result of failure tholding. (Cross out item 2 above if the below."] [Cross out item 3 above if you lividends.] IRS Pub 515 Withholding of Tax on Nona partnership created or organized in the
By signing below, this organization hereby agrees to be bound to the above Agreement, For CA Public Funds only. Any person signing this Agreement for the Organization cer resolution/contract for deasist of moneys or existing banking resolutions/contract for deasist of moneys or existing banking resolutions/contract for deasing banking resolutions.	tifies that they are duly authorized sit of maneys on the with us.	to do so as evidenced by attached banking
Authorized Signer Signature:	12 14	The state of the s
(Must match Banking Resolution & Certificate of Incumbency) :	DEC -	Date: 1 = /= / =
Print Name: Print	FICESIUCHI.	Date: 5/7/12
(Must match Banking Resolution & Certificate of Incumbency):	21/1	1
Print Name: BRIAN G. DINGLER Print Title:	VICE PRESIDENT	Date: 5/1/12
DESIGNATED ACCOUNT SIGNERS (use supplemental pages as need		10/1/1
Select if signer can Add/Delete		
ONLY sign checks Signer (A/D) Name	Title	Signature

Case 12-211	56-MBK	oc 96 Filed 05/15/12	Entered 05/1	5/12 15:43:34 Desc Main
Bankot Ame Merrill Lynd	illa 😽	Document P	age 9 of 9 Bosin	5/12 15:43:34 Desc Main Account Documentation Signature Card
CLIENT INFORMATION	ON	the second second second second second		
	ew Account	☐ Update (Add/Delete) S	igners Super	rsede Existing Signature Card
Account # (If new accou		ilete):		
ORGANIZATION LEGAL	L NAME (Must ma	ch legal name indicated in company fo	rmation documents)	
HUNTER	MARINE	CORPORATION -	DESTER IN	POSSESSION
DBA NAME or OWNER	BUSINESS NAME	OF DISREGARDED ENTITY or THIRI	D PARTY / FUNDS OWN	IER NAME, if applicable
	NT TITLE (if application)	able, e. Operating Account, Rent Account		ther legal entity name.)
Address For Statemer	nt: Po 30	× 1030, HIGHWAY	441	
City: ALACHUA	ł	State: FC	Postal Code:	32615
the state of the s		ed to provide copies of your company charter	or formation documents.):	NEW JEKSEY
TYPE OF BUSINESS	(Select One):			
Corporation			Sole Proprietors	hip
Limited Liability Con			☐ Unincorporated (Organization or Association
Manager Man		per Managed		
General Partnersh			Joint Venture	
Limited Liability Pa				hority/ Agency (Type:)
Limited Partnershi			Other (Type:)
Note: Property managen		t be accompanied by ap ropriate owner	and agent indemnities a	nd property management account supplement.
		12 10 0 2 2 0	1/	
Employer Identificati		22-19379;	26	
Lagallumina of the or				CORPORATION
Federal Tax Classific			on S Corporation C Corporation	☐ Partnership ☐ Trust/Estate ☐ S Corporation ☐ Partnership
You begin or continue a de give you is part of your a agreement at any time and	eposit account relating greement with us red d will inform you of	egarding use of your account and tells yo	out your business and by sou the current terms gover	igning this Agreement. The deposit agreement we ming your account. We may change the deposit ou acknowledge receipt of the deposit agreement.
card now or in the future. to endorse and deposit chincluding closing the acconame. We may rely on the	The authority to op- necks and other item ount. If you wish to his authorization for	erate an account includes: authority to signs s payable to or belonging to you to the ac restrict a designated signer's authority to	n checks and other items a count; and, to transact oth check signing you must in card until we receive writ	operate any account opened under this signature and to give us other instructions to withdraw funds; her administrative business relating to the account, adicate that by checking the box to the left of their ten notice revoking the authorization at the office
listed above is a United S exempt from back-up withl to report all interest or div organization listed abow have been notified by the f the organization listed Resident Aliens or Foreig United States or under the any State, or any estate or	States person (defin- holding, or (b) has n vidends, or (c) the II e is not a United S e IRS that you are of a above is a foreign in Entities). The term that of the United S trust other than a for	ad below); and 3) the organization listed of been notified by the Internal Revenue 5 RS has notified the organization that it is tates person and follow the instruction: currently subject to backup withholding entity use the applicable Form W-8 (for "United States person" means: a citizer tates or of any State, a corporation created reign estate or foreign trust.	above is not subject to ba Service (the IRS) that it is s is no longer subject to back in the paragraph immer for fallure to report inter additional information plea in or resident of the United d or organized in the United	ise see IRS Pub 515 Withholding of Tax on Non- States, a partnership created or organized in the d States or under the law of the United States or of
For CA Public Funds only	y: Any person signir	ees to be bound to the above Agreement, ig this Agreement for the Organization cer isting banking resolutions/contract for dep	tifies that they are duly auth	horized to do so as evidenced by attached banking
	re your consent to	any provision of this document other		s required to avoid backup withholding.
(Must match Banking Re		igner Signature:	al of Pitan	
			The Times	Date: - - -
mit Name.	Authorized S	Sol Problem 76	A ICCOMMENT	Date: 5/9/12
(Must match Banking Re			5	
Print Name: BRI	-	Print Title:	VICE PRESIDE	Date: 5/2/17
		use supplemental pages as need		
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title	Signature // //
	Δ.			100 will of last
	ADD	DANIEL N. JETT	SECRETARY	Affect M. MIX

Case 12-211	56-MBK D	oc 96 Filed	05/15/12	Entered 05/1	15/12 15:43:34 Desc Main t Account Documentation					
Merrill Lynd	h	Docum	ient Pa	ige 10 of 4500	Signature Card					
					Signature Card					
CLIENT INFORMATION		10	(4) 115 1 1 1 1	100	1.5:1.0:1.0.1					
	w Account		(Add/Delete) S	signers	ersede Existing Signature Card					
Account # (If new acco										
ORGANIZATION LEGA	L NAME (Must mate	ch legal name indicate		DESTER 1	N POSSESSION					
DBA NAME or OWNER					NER NAME, if applicable					
DESCRIPTIVE ACCOUNT	0		count, Rent Acc	ount, etc. Cannot be and	other legal entity name.)					
Address For Statemen	nt: Po 3	SOX 1030	HIGHWA	441						
City: ALACHO	A	State: =		Postal Code:	32615					
STATE OF FORMATION	(You may be required	d to provide copies of you	r company charte	or formation documents.):	NEW JERSEY					
TYPE OF BUSINESS	(Select One):									
				Sole Pro rietors	ship					
Limited Liability Con				☐ Unincorporated	Organization or Association					
Manager Man		er Managed 🔲 S	iole Member							
General Partnersh				☐ Joint Venture	all a Child A and a second at					
Limited Liability Pa					thority/ A_ency (Type:)					
Limited Partnersh				Other (Type:						
TAX CLASSIFICATIO		be accompanied by a	pro nate owne	r and agent indemnities a	and property management account supplement.					
Employer Identificat	ton Nummars (2)	2-19	879	26						
Legal name of the or			ORGAN	INDUSTRIES	CORPERATION					
Federal Tax Classific			The second second second	on S Corporation						
LLC Tax Classification			1	C Corporation	S Corporation Partnership					
give you is part of your a	eposit account relation igreement with us re- id will inform you of co	nship with us by giving garding use of your ac hanges that affect your	us information ab count and tells y rights and obliga	out your business and by a ou the current terms gove	signing this Agreement. The deposit agreement we erning your account. We may change the deposit you acknowledge receipt of the deposit agreement.					
card now or in the future. to endorse and deposit chincluding closing the acconame. We may rely on the	The authority to ope necks and other items out. If you wish to re his authorization for a	rate an account include payable to or belonging estrict a designated sig any account opened un	es: authority to sig ig to you to the a iner's authority to der this signature	in checks and other items ecount; and, to transact of check signing you must it a card until we receive with	o operate any account opened under this signature and to give us other instructions to withdraw funds; that administrative business relating to the account, indicate that by checking the box to the left of their itten notice revoking the authorization at the office					
listed above is a United Sexempt from back-up with to report all interest or divorganization listed abov have been notified by the fif the organization listed Resident Aliens or Foreig United States or under the any State or any estate of	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 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 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 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, a partnership created or organized in the United States or under the law of the United States or of									
resolution/contract for deg	 y: Any person signing sit of moneys or exist 	g this Agreement for the sting banking resolution	Organization ce s/contract for de	rtifies that they are duly au sit of moseys on file with	thorized to do so as evidenced by attached banking us.					
The IRS does not requi		any provision of this igner Signature:	s document oth	or the certification	ns required to avoid backup withholding.					
(Must match Banking Re		0		Gol T. Vite						
	IN T. PET		Print Title:	PRESIDENT	Date: 5/7/17					
		igner Signature:	1	25						
(Must match Banking Re		•	-	1 5 1						
Print Name: 32	IAN G. DI	YGLER	Print Title:	VICE PRESI	Date: Shiz					
DESIGNATED ACCO	UNT SIGNERS (L	ise supplemental	pages as need	ded for additional sig	ners)					
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name		Title	Signature 1					
	ADD	DANIEL N.	JETT	SECRETARY	Mulle MAX					
	ADD	JOHN T. TE	TEXSON	PRESIDENT	John T. Ysterson .					
	ADD	BZIANG.	TWELER	VICE PRESID	5 4 . DU					

Doc 96 Filed 05/15/12 Entered 05/15/12 15:43:34 Desc Main Document Page 11 Deposit Account Documentation 21156**-**MBK Banking Resolution and Certificate of Incumbency Date: Supersede Banking Resolution Update Incumbency New Resolution/Incumbency Select One: This Banking Resolution and Certificate of Incumbency will apply to all accounts you maintain with us. COZZEZATION DESICK 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: (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. Signature Name * 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. (title) of the Organization listed above this IN WITNESS WHEREOF, I have hereunto set my hand as Bv

Type or Print Name of Certifying Individual

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In re: Hunter Marine Corporation Case No. 12-21167

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 Marine Corporation Case No. 12-21167

Debtors Reporting Period: Initial Monthly Operating Report

SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer ¹)

	Check				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	(1)	Hunter Marine Corporation	15,000	0	15,000
Stichter, Riedel, Blain & Prosser	10/16/2009	152575	Luhrs Corporation	5,000	0	5,000
Rattett Pasternak LLP	4/23/2012	(1)	Hunter Marine Corporation	5,000	5,000	0
						0
						0
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¹ Identify all Evergreen Retainers

(1) Paid by wire

IR-2