

Exhibit 5

U.S. Trustee Basic Monthly Operating Report

Case Name: Neogenix Oncology, Inc. Date Filed: 07/23/2012
 Case Number: 12-23557 SIC Code: 2834
 Month (or portion) covered by this report: 2/1/2014 - 2/28/2014

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

[Handwritten Signature]
 ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

May 14, 2014
 DATE REPORT SIGNED

Philip M. Arleo, MD CEO Neogenix Oncology
 PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

| QUESTIONNAIRE: | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

TOTAL INCOME

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register.]

TOTAL EXPENSES

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

(Subtract The Total from Exhibit C from the Total of Exhibit B)

**CASH
PROFIT FOR THE MONTH**

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES

(EXHIBIT E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

PROFESSIONAL FEES

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD?

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE?

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD?

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** DURING THIS REPORTING PERIOD?

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** SINCE THE FILING OF THE CASE?

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
OFFICE OF UNITED STATES TRUSTEE**

In re:**CHAPTER 11****Case No.** _____**Debtor(s)****MONTHLY OPERATING REPORT****CASH DISBURSEMENTS SUMMARY REPORT**

Calendar Month _____ to _____

(All figures refer to post-petition transactions)

| | | |
|--|------|----|
| Total Disbursements from Operating Account (Note 1) | + \$ | |
| Total Disbursements from Payroll Account (Note 2) | + \$ | |
| Total Disbursements from Tax Escrow Account (Note 3) | + \$ | |
| Total Disbursements from other Account (Note 4) | + \$ | |
| Grand Total Disbursements from all accounts | = \$ | ** |

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 4 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property).

**** This figure should be used on Form 5, page five, question 17, for the appropriate month.**

Exhibit C - Expenses
Monthly Operating Report
February 1, 2014 - February 28, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Feb 1, 2014 to Feb 28, 2014
Wells Fargo Checking #9357

| Date | Reference | Type | Payee/Paid By | Memo | Payment Amt | Receipt Amt | Balance |
|-------------|------------------|--------------|----------------------|-------------|--------------------|--------------------|----------------|
| | | | Opening Balance | | | 134,188.60 | 134,188.60 |
| 2/28/14 | 02/28/14 | Gen. Jnl. | | | 14.00 | | 134,174.60 |
| | | Total | | | 14.00 | | |

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Feb 1, 2014 to Feb 28, 2014
Wells Fargo MM #3291

| Date | Reference | Type | Payee/Paid By | Memo | Payment Amt | Receipt Amt | Balance |
|-------------|------------------|--------------|----------------------|-------------|--------------------|--------------------|----------------|
| | | | Opening Balance | | | 1,800.98 | 1,800.98 |
| 2/28/14 | 02/28/14 | Gen. Jnl. | | | | 0.07 | 1,801.05 |
| | | Total | | | | 0.07 | |

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Feb 1, 2014 to Feb 28, 2014
Signature Payroll Acct #3216

| Date | Reference | Type | Payee/Paid By | Memo | Payment Amt | Receipt Amt | Balance |
|-------------|------------------|-------------|----------------------|-------------|--------------------|--------------------|----------------|
|-------------|------------------|-------------|----------------------|-------------|--------------------|--------------------|----------------|

No Activity

Exhibit D - Unpaid Bills
Monthly Operating Report
February 1, 2014 - February 28, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Post-Petition AP
From February 1, 2014 to February 28, 2014

| Account Description | Trans Description | Amount |
|--------------------------------|---|-------------------|
| Accounts Payable-Post Petition | ADP (401k termination) | 1,500.00 |
| Accounts Payable-Post Petition | Affiliated Developers | 1,563.87 |
| Accounts Payable-Post Petition | Continental Stock Transfer - September | 627.83 |
| Accounts Payable-Post Petition | Continental Stock Transfer - October | 627.88 |
| Accounts Payable-Post Petition | Continental Stock Transfer - November | 627.88 |
| Accounts Payable-Post Petition | Continental Stock Transfer - December | 627.88 |
| Accounts Payable-Post Petition | Continental Stock Transfer - January | 952.88 |
| Accounts Payable-Post Petition | Continental Stock Transfer - February | 652.88 |
| Accounts Payable-Post Petition | KCC - August | 775.89 |
| Accounts Payable-Post Petition | KCC - September | 650.48 |
| Accounts Payable-Post Petition | KCC - October | 569.08 |
| Accounts Payable-Post Petition | KCC - November | 671.68 |
| Accounts Payable-Post Petition | KCC - December | 391.95 |
| Accounts Payable-Post Petition | KCC - January | 1,707.96 |
| Accounts Payable-Post Petition | KCC - February | 516.30 |
| Accounts Payable-Post Petition | Sands Anderson - September | 989.78 |
| Accounts Payable-Post Petition | Sands Anderson - Oct. / Nov. | 4,306.90 |
| Accounts Payable-Post Petition | Sands Anderson - Dec. / Jan. | 2,331.51 |
| Accounts Payable-Post Petition | Sands Anderson - February | 5,707.51 |
| Accounts Payable-Post Petition | Sands Anderson - Holdbacks | 3,993.74 |
| Accounts Payable-Post Petition | Greenberg Traurig - June | 9,719.55 |
| Accounts Payable-Post Petition | Greenberg Traurig - July | 3,355.04 |
| Accounts Payable-Post Petition | Greenberg Traurig - August | 3,930.75 |
| Accounts Payable-Post Petition | Greenberg Traurig - September | 6,306.75 |
| Accounts Payable-Post Petition | Greenberg Traurig - October | 16,406.90 |
| Accounts Payable-Post Petition | Greenberg Traurig - November | 7,505.00 |
| Accounts Payable-Post Petition | Greenberg Traurig - December | 4,212.00 |
| Accounts Payable-Post Petition | Greenberg Traurig - January | 2,922.30 |
| Accounts Payable-Post Petition | Greenberg Traurig - February | 20,880.00 |
| Accounts Payable-Post Petition | Greenberg Traurig - Holdback | 153,449.16 |
| Accounts Payable-Post Petition | US Trustee | 659.31 |
| Accounts Payable-Post Petition | US Treasury Penalty | 525.00 |
| Accounts Payable-Post Petition | Nelson Mullins | 20,686.64 |
| Accounts Payable-Post Petition | Montgomery County Personal Property Tax | 127.75 |
| Total | | 280,480.03 |

Bank Account Statements
Monthly Operating Report
February 1, 2014 - February 28, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

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NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Feb 28, 2014

[REDACTED] - Wells Fargo Checking #9357

Bank Statement Date: February 28, 2014

Filter Criteria includes: Report is printed in Detail Format.

| | |
|------------------------------|---------------------|
| Beginning GL Balance | 134,188.60 |
| Add: Cash Receipts | |
| Less: Cash Disbursements | |
| Add (Less) Other | (14.00) |
| Ending GL Balance | <u>134,174.60</u> ✓ |
| Ending Bank Balance | 134,174.60 |
| Add back deposits in transit | _____ |
| Total deposits in transit | |
| (Less) outstanding checks | _____ |
| Total outstanding checks | |
| Add (Less) Other | _____ |
| Total other | |
| Unreconciled difference | <u>0.00</u> |
| Ending GL Balance | <u>134,174.60</u> ✓ |



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NEOGENIX ONCOLOGY, INC.
Account Reconciliation
As of Feb 28, 2014
XXXXXXXXXX - Wells Fargo MM #3291
Bank Statement Date: February 28, 2014

Filter Criteria includes: Report is printed in Detail Format.

| | | |
|------------------------------|--|-------------------|
| Beginning GL Balance | | 1,800.98 |
| Add: Cash Receipts | | |
| Less: Cash Disbursements | | |
| Add (Less) Other | | 0.07 |
| Ending GL Balance | | <u>1,801.05</u> ✓ |
| Ending Bank Balance | | 1,801.05 |
| Add back deposits in transit | | |
| Total deposits in transit | | |
| (Less) outstanding checks | | |
| Total outstanding checks | | |
| Add (Less) Other | | |
| Total other | | |
| Unreconciled difference | | <u>0.00</u> |
| Ending GL Balance | | <u>1,801.05</u> ✓ |

Wells Fargo Combined Statement of Accounts

Primary account number [REDACTED] 9357 ■ February 1, 2014 - February 28, 2014 ■ Page 1 of 5



[REDACTED]
 NEOGENIX ONCOLOGY INC
 DEBTOR IN POSSESSION
 CH 11 CASE 12-23557 MD
 445 NORTHERN BLVD STE 24
 GREAT NECK NY 11021-4804

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wells Fargo.com/biz

Write: Wells Fargo Bank, N.A. (287)
 P.O. Box 6995
 Portland, OR 97228-6995

Your Business and Wells Fargo

The Wells Fargo Business Insight Resource Center offers free access to business information and advice through videos, articles, podcasts and other resources. This site offers objective information from industry experts and best practices from real business owners. Topics include cash flow management, how to build and apply for credit, commercial real estate financing, marketing, and more. Visit the site at wells Fargo.com/businessinsights.com.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com/biz or call the number above if you have questions or if you would like to add new services.

- Business Online Banking
- Online Statements
- Business Bill Pay
- Business Spending Report
- Overdraft Protection

Summary of accounts

Checking/Prepaid and Savings

| Account | Page | Account number | Ending balance last statement | Ending balance this statement |
|--------------------------------|------|-----------------|-------------------------------|-------------------------------|
| Gold business Services Package | 2 | [REDACTED] 9357 | 134,188.60 | 134,174.60 |
| Business Market Rate Savings | 3 | [REDACTED] 3291 | 1,800.98 | 1,801.05 |
| Total deposit accounts | | | \$135,989.58 | \$135,975.65 |



Gold Business Services Package

Activity summary

| | |
|------------------------------------|----------------------|
| Beginning balance on 2/1 | \$ 134,188.60 |
| Deposits/Credits | 0.00 |
| Withdrawals/Debits | - 14.00 |
| Ending balance on 2/28 | \$ 134,174.60 |
| | |
| Average ledger balance this period | \$ 134,188.60 |

Account number: [REDACTED] 9357

NEOGENIX ONCOLOGY INC
DEBTOR IN POSSESSION
CH 11 CASE 12-23557 MD

Florida account terms and conditions apply

For Direct Deposit use
 Routing Number (RTN): [REDACTED]

For Wire Transfers use
 Routing Number (RTN): [REDACTED]

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - [REDACTED] 8291

Transaction history

| Date | Check Number Description | Deposits/ Credits | Withdrawals/ Debits | Ending daily balance |
|-------------------------------|--------------------------|----------------------|------------------------|-------------------------|
| 2/28 | Monthly Service Fee | | 14.00 | 134,174.60 |
| Ending balance on 2/28 | | | | 134,174.60 |
| Totals | | \$0.00 | \$14.00 | |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

| | | |
|--|--------------------------------------|--|
| Fee period 02/01/2014 - 02/28/2014 | Standard monthly service fee \$14.00 | You paid \$14.00 |
| How to avoid the monthly service fee (complete 1 AND 2) | Minimum required | This fee period |
| 1) Have any ONE of the following account requirements | | |
| • Average ledger balance | \$7,500.00 | \$134,188.00 <input checked="" type="checkbox"/> |
| • Qualifying transaction from a linked Wells Fargo Business Payroll Services account | ? | 0 <input type="checkbox"/> |
| • Qualifying transaction from a linked Wells Fargo Merchant Services account | 1 | 0 <input type="checkbox"/> |
| • Automatic transfer to an eligible Wells Fargo business savings account | \$150.00 | \$0.00 <input type="checkbox"/> |
| • Linked Direct Pay Service through Wells Fargo Business Online | 1 | 0 <input type="checkbox"/> |
| • Combined balances in linked accounts, which may include | \$10,000.00 | <input checked="" type="checkbox"/> |
| - Average ledger balances in business checking, savings, and time accounts | | |
| - Most recent statement balances of: business credit card, Wells Fargo Express Equity® and BusinessLine® lines of credit, Wells Fargo BusinessLoan® term loan | | |
| - Average daily balances from previous month in business PrimeLine® line of credit and Business PrimeLoan™ account, Wells Fargo Express Equity®, SBA, and Equipment Express® loans | | |
| 2) Complete the package requirements | | |
| • Have qualifying linked accounts or services in separate categories* | 3 | <input type="checkbox"/> |

*Includes Wells Fargo business accounts and services such as debit card, savings accounts, active Online Banking, credit card, loans and lines of credit.

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Primary account number: [REDACTED] 9357 ■ February 1, 2014 - February 28, 2014 ■ Page 3 of 5



Did you know that you can review your safe deposit box information through Wells Fargo Business Online Banking? Sign on to business online banking at wells Fargo.com/biz and go to your account summary page to review details.



IMPORTANT ACCOUNT INFORMATION

We want to let you know of the following fee change effective April 1, 2014:
 - Collections - Domestic: Auto Draft - \$25 per item

The name of your account will continue to be the Gold Business Services Package.

If you have questions about these changes, or would like a complimentary financial review to ensure that you have the right accounts to meet your financial goals, please contact your local banker or call the phone number listed at the top of your statement.

Business Market Rate Savings

Activity summary

| | | |
|------------------------------------|-------------------|---|
| Beginning balance on 2/1 | \$1,800.98 | ✓ |
| Deposits/Credits | 0.07 | ✓ |
| Withdrawals/Debits | - 0.00 | |
| Ending balance on 2/28 | \$1,801.05 | ✓ |
| | | |
| Average ledger balance this period | \$1,800.98 | |

Account number: [REDACTED] 3291

NEOGENIX ONCOLOGY INC
DEBTOR IN POSSESSION
CH 11 CASE 12-23557 MD

Florida account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

Interest summary

| | |
|---------------------------------------|------------|
| Interest paid this statement | \$0.07 |
| Average collected balance | \$1,800.98 |
| Annual percentage yield earned | 0.05% |
| Interest earned this statement period | \$0.07 |
| Interest paid this year | \$0.14 |
| Total interest paid in 2013 | \$0.79 |

Transaction history

| Date | Description | Deposits/ Credits | Withdrawals/ Debits | Ending daily balance |
|-------------------------------|------------------|----------------------|------------------------|-------------------------|
| 2/28 | Interest Payment | 0.07 | | 1,801.05 |
| Ending balance on 2/28 | | | | 1,801.05 |
| Totals | | \$0.07 | \$0.00 | |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Primary account number [REDACTED] 9357 ■ February 1, 2014 - February 28, 2014 ■ Page 4 of 5



Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

| | | |
|---|-------------------------------------|--|
| Fee period 02/01/2014 - 02/28/2014 | Standard monthly service fee \$6.00 | You paid \$0.00 |
| How to avoid the monthly service fee | Minimum required | This fee period |
| Have any ONE of the following account requirements | | |
| • Average collected balance | \$500.00 | \$1,801.00 <input checked="" type="checkbox"/> |
| • Automatic transfer from an eligible Wells Fargo business checking account | \$100.00 | \$0.00 <input type="checkbox"/> |

yc/c

 **IMPORTANT ACCOUNT INFORMATION**

We want to let you know of the following fee change effective April 1, 2014:

- Collections - Domestic: Auto Draft - \$25 per item

If you have questions about these changes, or would like a complimentary financial review to ensure that you have the right accounts to meet your financial goals, please contact your local banker or call the phone number listed at the top of your statement.

004348



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NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Jan 31, 2014

[REDACTED] - Signature Payroll Acct #3216
Bank Statement Date: January 31, 2014

Filter Criteria includes: Report is printed in Detail Format.

| | |
|------------------------------|-------------------|
| Beginning GL Balance | 7,318.67 |
| Add: Cash Receipts | |
| Less: Cash Disbursements | |
| Add (Less) Other | |
| Ending GL Balance | <u>7,318.67</u> |
| Ending Bank Balance | 7,318.67 |
| Add back deposits in transit | <u> </u> |
| Total deposits in transit | |
| (Less) outstanding checks | <u> </u> |
| Total outstanding checks | |
| Add (Less) Other | <u> </u> |
| Total other | |
| Unreconciled difference | <u>0.00</u> |
| Ending GL Balance | <u>7,318.67</u> |





SIGNATURE BANK

565 Fifth Avenue 12th Floor
New York, New York 10017

Statement Period
From February 01, 2014
To February 28, 2014
Page 1 of 2

[Redacted]

NEOGENIX ONCOLOGY, INC
PAYROLL ACCOUNT
445 NORTHERN BLVD STE 24
GREAT NECK NY 11021

PRIVATE CLIENT GROUP 193
40 CUTTERMILL ROAD, SUITE 60
GREAT NECK, NY 11021

See Back for Important Information

Primary Account: [Redacted] 3216 0

FOR MORE INFORMATION ABOUT SIGNATURE BANK PRODUCTS
AND SERVICES, PLEASE CONTACT YOUR PRIVATE CLIENT
BANKING TEAM, VISIT WWW.SIGNATURENY.COM, OR CALL
TOLL-FREE 1-866-SIGLINE.

Signature Relationship Summary

Opening Bal.

Closing Bal.

BANK DEPOSIT ACCOUNTS

[Redacted] 3216 MONOGRAM CHECKING

7,318.67

7,318.67

RELATIONSHIP

TOTAL

7,318.67





SIGNATURE BANK

Statement Period
From February 01, 2014
To February 28, 2014
Page 2 of 2

NEOGENIX ONCOLOGY, INC
PAYROLL ACCOUNT
445 NORTHERN BLVD STE 24
GREAT NECK NY 11021

PRIVATE CLIENT GROUP 193
40 CUTTERMILL ROAD, SUITE 60
GREAT NECK, NY 11021

Primary Account: [REDACTED] 3216 0

MONOGRAM CHECKING [REDACTED] 3216

Summary

| | |
|--|----------|
| Previous Balance as of February 01, 2014 | 7,318.67 |
| There was no deposit activity during this statement period | |
| Ending Balance as of February 28, 2014 | 7,318.67 |

Rates for this statement period - Overdraft
Feb 01, 2014 13.000000 %



**Bankruptcy Case Related Professional Fees
Monthly Operating Report
February 1, 2014 - February 28, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557**

Neogenix Bankruptcy Case Related Professional Fees

| | July stub | August | September | October | November | December | January | February | March | April | May | June | July | August | September | October | November | December | January | February |
|-------------------------|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|----------|----------|-----------|-----------|-----------|----------|----------|-----------|
| GT Fees | 155,609.10 | 230,987.70 | 213,979.95 | 138,975.30 | 85,714.65 | 95,328.00 | 111,855.60 | 113,485.95 | 188,469.90 | 198,138.60 | 133,728.30 | 9,240.75 | 3,105.00 | 3,930.75 | 6,306.75 | 16,159.00 | 7,505.00 | 4,212.00 | 2,922.30 | 20,880.00 |
| GT Expenses | 2,069.14 | 1,000.77 | 1,225.99 | 726.28 | 43.05 | 802.09 | 114.18 | 979.38 | 841.77 | 2,341.02 | 2,806.01 | 478.80 | 250.04 | - | - | 247.40 | - | - | - | - |
| PJC Fees | - | 50,000.00 | 50,000.00 | 50,000.00 | 25,000.00 | 25,000.00 | 20,000.00 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| PJC Transaction Fee | - | - | 650,000.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| PJC Expenses | - | 3,332.61 | 887.92 | 292.81 | 1,181.60 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Sands Anderson Fees | - | 55,394.50 | 35,409.00 | 12,928.00 | 8,601.00 | 6,014.50 | 23,780.50 | 16,559.00 | 28,201.50 | 21,579.50 | 24,796.00 | 1,167.50 | 661.50 | 119.50 | 989.50 | - | 4,298.50 | - | 1,621.50 | 5,694.00 |
| Sands Anderson Expenses | - | 198.70 | 321.03 | 2,783.57 | 463.73 | - | 52.88 | 167.86 | 224.17 | 29.86 | 1,056.36 | 11.55 | 0.35 | 5.25 | 0.28 | - | 8.40 | - | 710.01 | 13.51 |
| Deloitte Fees | - | 48,316.00 | 21,374.00 | 2,610.00 | 4,254.00 | 3,784.00 | 3,526.00 | - | - | - | - | 2,282.00 | - | - | - | - | - | - | - | - |
| Deloitte Expenses | - | 14.31 | 3.40 | - | - | 1.98 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| KCC | 7,461.11 | 17,854.18 | 7,263.94 | 11,119.51 | 8,077.60 | 1,697.06 | 1,807.08 | 5,917.24 | 24,309.02 | 14,006.64 | 5,468.78 | 1,426.94 | 893.57 | 775.89 | 650.48 | 569.08 | 671.68 | 391.95 | 1,707.96 | 516.30 |
| US Trustee | - | - | - | 4,875.00 | - | - | 6,500.00 | - | - | 1,950.00 | - | - | 4,875.43 | - | - | 325.00 | - | - | - | 656.95 |
| Total | 165,139.35 | 407,098.77 | 980,465.23 | 224,310.47 | 133,335.63 | 132,627.63 | 167,636.24 | 137,109.43 | 242,046.36 | 238,045.62 | 167,855.45 | 14,607.54 | 9,785.89 | 4,831.39 | 7,947.01 | 17,300.48 | 12,483.58 | 4,603.95 | 7,618.72 | 27,103.81 |
| Grand Total | 3,101,952.55 | | | | | | | | | | | | | | | | | | | |

