

CDM-MOC-FORM Form: ANNEX 2

Date of submission		18/03/2010
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	La Venta II	
2. Please state reference Number if available	0846	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: AZULIBER 1, S.L.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Maeso	Telephone:	
First name: Fernando	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):		Date:
Name:		Signature:
Only one primary or alternate signatory per focal point entity is required.		

☒ Add project participant

☐ Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

Name of the entity:

COMAC

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Zaragoza

Telephone:

First name: Aniceto

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Ibanez

Telephone:

First name: Ramon

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.

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Name of the entity:

COMPANIA ESPANOLA DE PETROLEOS, S.A. CEPESA

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Miro

Telephone:

First name: Pedro

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.

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Name of the entity:

Endesa Generacion, S.A.

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Corregidor

Telephone:

First name: David

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

E.ON GENERACION

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Anzola Perez

Telephone:

First name: Javier

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Preuss

Telephone:

First name: Larissa

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

GAS NATURAL SDG, S.A.

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: Sanz Garcia

Telephone:

First name: Rosa M

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

HIDROELECTRICA DEL CANTABRICO, S.A.

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Garcia Marinas

Telephone:

First name: Juan Carlos

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

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Signature:

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Name of the entity:

IBERDROLA GENERACION S.A.U

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Alonso de las Fuentes

Telephone:

First name: Felix

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Relano Cobian

Telephone:

First name: Gregorio

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

REPSOL YPF

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Alvarez-Pedroza

Telephone:

First name: Ramon

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

ZEROEMISSIONS CARBON TRUST, S.A.

Party (country that authorised participation):

Spain

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Rodriguez-Izquierdo

Telephone:

First name: Emilio

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Medina

Telephone:

First name: Jose Luis

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.