Form: ANNEX 2

| Date of submission | | 25/01/2012 |
|--|---|------------|
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Exploitation of the biogas from Controlled Landfill in Solid Waste Management Central – CTRS / BR.040 | |
| 2. Please state reference number if available | 3464 | |
| Section 4: Change of contact details (project participants or focal point entities) | | |
| The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details: | | |
| ≥ Project Participant | Focal Point | |
| Name of the entity: Consórcio Horizonte Asja | | |
| Party (country that authorised participation): Brazil | | |
| Contact details (primary authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Roveda | Telephone: | |
| First name: Enrico Maria | 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): | D | ate: |
| | | |
| Name: | Signature: | |
| Only one primary or alternate signatory per focal point entity is required. | | |

| The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details: | | |
|--|------------------|--|
| Project Participant | ⊠ Focal Point | |
| Name of the entity: Asja Brasil Serviços para o Meio Ambiente Ltda. | | |
| Party (country that authorised participation): Brazil | | |
| Contact details (primary authorized signatory): | Mr. Ms. Ms. | |
| Last name: Uchida | Telephone: | |
| First name: Melina Yurie | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Roveda | Telephone: | |
| First name: Enrico Maria | 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. | | |
| | | |