

Form: ANNEX 2

| | | |
|--|--|------------------|
| Date of submission | | 15/08/2010 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Recovery of associated gas that would otherwise be flared at Kwale oil-gas processing plant, Nigeria | |
| 2. Please state reference number if available | 0553 | |
| 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: <input type="checkbox"/> Project Participant <input type="checkbox"/> Focal Point | | |
| Name of the entity: NAOC - Nigerian Agip Oil Company Ltd - eni spa e&p division | | |
| Party (country that authorised participation): Nigeria | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Maglione | Telephone: | |
| First name: Alessandro | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Insulla | Telephone: | |
| First name: Massimo | 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. | | |