Form: ANNEX 2

| Date of submission   |   | 14/10/2010 |
|--|---|------------|
| Section 1: Project Details   |   |            |
| 1. Title of the CDM project activity   | Manasi River Stage I Hydropower Project of Hongshanzui<br>Hydropower Plant, Xinjiang Tianfu Thermoelectric Co.,<br>Ltd. |            |
| 2. Please state reference number if available  | 1103  |            |
| 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 |   |            |
|  | Focal Point   |            |
| Name of the entity: Xinjiang Tianfu Thermoelectric Co., Ltd  |   |            |
| Party (country that authorised participation):<br>China  |   |            |
| Contact details (primary authorized signatory):  | Mr.⊠ Ms.□   |            |
| Last name: Liu   | Telephone:  |            |
| First name: Wei  | 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):  | Di  | 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: The Tokyo Electric Power Company Inc.  |             |  |
| Party (country that authorised participation): Japan   |             |  |
| Contact details (primary authorized signatory):  | Mr.⊠ Ms.□   |  |
| Last name: Kageyama  | Telephone:  |  |
| First name: Yoshihiro  | Fax:        |  |
| Email:   | Address:    |  |
| Specimen signature:  |             |  |
| Contact details (alternate authorized signatory):  | Mr.⊠ Ms.□   |  |
| Last name: Kimura  | Telephone:  |  |
| First name: Atsushi  | 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.  |             |  |
|  |             |  |