

CDM-MOC-FORM Form: ANNEX 2

| | | |
|---|--|------------------|
| Date of submission | | 17/03/2010 |
| SECTION 1: PROJECT DETAILS | | |
| 1. Title of the CDM project activity | Montevideo Landfill Gas Capture and Flare Project | |
| 2. Please state reference Number if available | 1349 | |
| 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:

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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:

Name:

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.