Form: ANNEX 2

Date of submission	02/12/2010	
Section 1: Project Details		
1. Title of the CDM project activity	Hebei Chongli Qingsanying 49.3MW Wind Farm Project	
2. Please state reference number if available	2140	
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		
Name of the entity: Shell Trading International Limited	Δ	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland		
Contact details (primary authorized signatory):	Mr. Ms. Ms.	
Last name: Wang	Telephone:	
First name: Ziyuan	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Ostinelli	Telephone:	
First name: John	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.		

Name of the entity: Hebei Construction Investment Longyuan Chongli Wind Energy Co., Ltd. Party (country that authorised participation): China Contact details (primary authorized signatory): Last name: Huang First name: Hai Fax: Email: Contact details (alternate authorized signatory): Mr. Ms. □ Address: Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Address: Specimen signature: Signature: Signature: 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:		
Hebei Construction Investment Longyuan Chongli Wind Energy Co., Ltd. Party (country that authorised participation): China Contact details (primary authorized signatory): Last name: Huang First name: Hai Email: Contact details (alternate authorized signatory): Contact details (alternate authorized signatory): Last name: Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature			
Contact details (primary authorized signatory): Last name: Huang First name: Hai Fax: Email: Contact details (alternate authorized signatory): Mr. Ms. Specimen signature: Contact details (alternate authorized signatory): Last name: First name: First name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Date: Name: Signature:			
Last name: Huang First name: Hai Fax: Email: Address: Specimen signature: Contact details (alternate authorized signatory): Last name: First name: First name: Fax: Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature: Signature:			
First name: Hai 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:	Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Email: Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Last name: Huang	Telephone:	
Specimen signature: Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	First name: Hai	Fax:	
Contact details (alternate authorized signatory): Last name: First name: Fax: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Email:	Address:	
Last name: First name: Fax: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Specimen signature:		
First name: Email: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature: Signature:	Contact details (alternate authorized signatory):	Mr. Ms.	
Email: Address: Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	Last name:	Telephone:	
Specimen signature: Signature(s) of designated focal point for scope (b): Name: Signature:	First name:	Fax:	
Signature(s) of designated focal point for scope (b): Name: Signature:	Email:	Address:	
Name: Signature:	Specimen signature:		
C	Signature(s) of designated focal point for scope (b):	Date:	
Only one primary or alternate signatory per focal point entity is required.	Name:	Signature:	