Form: ANNEX 2

| Date of submission | | 29/07/2011 |
|---|---|------------|
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Liaoning Kangping 24.65MW Wind Farm Project | |
| 2. Please state reference number if available | 0537 | |
| 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: Carbon Asset Management Sweden AB | <u> </u> | |
| Party (country that authorised participation): Sweden | | |
| Contact details (primary authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Holmgren | Telephone: | |
| First name: Christer | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. Ms. | |
| Last name: Nord | Telephone: | |
| First name: Teresa | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Signature(s) of designated focal point for scope (b): | Da | 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: Carbon Asset Management Sweden AB | | |
| Party (country that authorised participation): Switzerland | | |
| Contact details (primary authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Holmgren | Telephone: | |
| First name: Christer | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. Ms. Ms. | |
| Last name: Nord | Telephone: | |
| First name: Teresa | 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. | | |
| | | |