

Form: ANNEX 2

Date of submission	26/01/2011
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Section 1: Project Details

1. Title of the CDM project activity	Project for HFC23 Decomposition at Changshu 3F Zhonghao New Chemical Materials Co. Ltd, Changshu, Jiangsu Province, China
2. Please state reference number if available	0306

Section 2: Addition/change of name of a project participant

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:

Statoil ASA

Party (country that authorised participation):

Norway

Former name of project participant:

Statoil Hydro ASA

Contact details (primary authorized signatory):

Mr. Ms.

Last name: Myhrer

Telephone:

First name: Wider

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. Ms.

Last name: Egeland

Telephone:

First name: Thomas

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:

Netherland's Ministry of Infrastructure and the Environment (IenM)

Party (country that authorised participation):

Netherlands

Former name of project participant:

Netherland's Ministry of Housing, Spatial Planning and the Environment

Contact details (primary authorized signatory):Mr. Ms.

Last name: Gerards

Telephone:

First name: Marisa

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):Mr. Ms.

Last name: Goote

Telephone:

First name: Maas

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.