Form: ANNEX 2

| Date of submission | | 18/05/2012 |
|--|--|------------|
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Point of Use Abatement Device to Reduce SF6 emissions in LCD Manufacturing Operations in the Republic of Korea (South Korea) | |
| 2. Please state reference number if available | 3440 | |
| 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: | | |
| N Project Participant Project Participant | ⊠ Focal Point | |
| Name of the entity: LG International Corp. | | |
| Party (country that authorised participation): Republic of Korea | | |
| Contact details (primary authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Kim | Telephone: | |
| First name: Jin-hyeon | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| | | |
| Contact details (alternate authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Park | Telephone: | |
| First name: Sangwoo | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Signature(s) of designated focal point for scope (b): | D | 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: LG International Corp. | | |
| Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland | | |
| Contact details (primary authorized signatory): | Mr.⊠ Ms.□ | |
| Last name: Kim | Telephone: | |
| First name: Jin-hyeon | Fax: | |
| Email: | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | ^{Mr} .⊠ ^{Ms} .□ | |
| Last name: Park | Telephone: | |
| First name: Sangwoo | 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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