

CDM-MOC-FORM Form: ANNEX 2

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| Date of submission | | 13/09/2009 |
| Section 1: Project Details | | |
| 1. Title of the CDM project activity | Lufeng Jiadong First Phase Wind Farm Project | |
| 2. Please state project ID Number if available | 1338 | |
| Section 2: <u>Addition/change of name of a project participant</u> | | |
| <p>The following entity is hereby added as a project participant 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.</p> | | |
| <p>Name of the entity: Guohua (Lufeng) Wind Power Co., Ltd.</p> | | |
| <p>Previous name of the entity: Shanwei Jihua Wind Power Co., Ltd.</p> | | |
| <p>Party (country that authorised participation): China</p> | | |
| Contact details (primary authorized signatory): | Ms. | |
| Last name: Wu | Telephone: | |
| First name: Shaohua | Fax: | |
| Email: Ms. | Address: | |
| Specimen signature: | | |
| Contact details (alternate authorized signatory): | Mr. | |
| Last name: Xu | Telephone: | |
| First name: Bo | Fax: | |
| Email: Mr. | Address: | |
| Specimen signature: | | |
| Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants: | | |
| Section 4: Change of contact details (project participants or focal point entities) | | |
| <p>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:</p> | | |

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| Name of the entity: Energy Systems International B.V. | |
| Party (country that authorised participation): Netherlands | |
| Contact details (primary authorized signatory): | Mr. |
| Last name: Chen | Telephone: |
| First name: Albert | Fax: |
| Email: Mr. | Address: |
| Specimen signature: | |
| Contact details (alternate authorized signatory): | Mr. |
| Last name: Su | Telephone: |
| First name: Morley Chung Wu | Fax: |
| Email: Mr. | Address: |
| Specimen signature: | |
| Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants: | |