CDM-MOC-FORM Form: ANNEX 2

CDM-MOC-FORM FORM, ANNEA 2			
Date of submission		25/09/2009	
Section 1: Project Details			
1. Title of the CDM project activity	Eurus Wind Farm		
2. Please state project ID Number if available	0728		
Section 2: Addition/change of name of a project participant			
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.			
Name of the entity: CO2 Global Solutions International S.A.			
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland			
Contact details (primary authorised signatory):	Mr.		
Last name: Lanseros Valdés	Telephone:		
First name: Alfonso	Fax:		
Email: Mr.	Address:		
Specimen signature:			
Contact details (alternate authorised signatory):			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:			

Name of the entity: CEMEX International Finance Company		
Party (country that authorised participation): Spain		
Contact details (primary authorised signatory):	Mr.	
Last name: Armendáriz Arias	Telephone:	
First name: Ricardo Adrian	Fax:	
Email: Mr.	Address:	
Specimen signature:		
Contact details (alternate authorised signatory):		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:		
Name of the entity: Gazprom Marketing and Trading Limited		
Gazprom Marketing and Trading Limited		
Gazprom Marketing and Trading Limited Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland		
Party (country that authorised participation):	Mr.	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland	Mr. Telephone:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory):		
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait	Telephone:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email:	Telephone: Fax:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature:	Telephone: Fax:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature: Contact details (alternate authorised signatory):	Telephone: Fax: Address:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature: Contact details (alternate authorised signatory): Last name:	Telephone: Fax: Address: Telephone:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature: Contact details (alternate authorised signatory): Last name: First name:	Telephone: Fax: Address: Telephone: Fax:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature: Contact details (alternate authorised signatory): Last name: First name: Email:	Telephone: Fax: Address: Telephone:	
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland Contact details (primary authorised signatory): Last name: Tait First name: Arthur Email: Mr. Specimen signature: Contact details (alternate authorised signatory): Last name: First name:	Telephone: Fax: Address: Telephone: Fax:	

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:

Name of the entity: Eurus S.A.P.I. de C.V.		
Party (country that authorised participation): Mexico		
Contact details (primary authorised signatory):	Mr.	
Last name: Armendariz Arias	Telephone:	
First name: Ricardo Adrian	Fax:	
Email: Mr.	Address:	
Specimen signature:		
Contact details (alternate authorised signatory):		
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:		