CDM-MOC-FORM Form: ANNEX 2			
Date of submission		20/11/2009	
Section 1: Project Details			
1. Title of the CDM project activity	Curva de Rodas and La Pradera landfill gas management project		
2. Please state project ID Number if available	2183		
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: Green Gas Colombia S.A. E.S.P.			
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland			
Contact details (primary authorised signatory):	Mr.		
Last name: Delgado	Telephone:		
First name: Miguel	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:			
Section 4: Change of contact details (project participants or focal point entities)			
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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: Green Gas International B.V.		
Party (country that authorised participation):		
Contact details (primary authorised signatory):	Mr.	
Last name: Norval	Telephone:	
First name: Christiaan Michiel	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: Green Gas Germany GmbH		
Party (country that authorised participation): United Kingdom of Great Britain and Northern Ireland		
Contact details (primary authorised signatory):	Mr.	
Last name: Shekleton	Telephone:	
First name: Robert	Fax:	
Email: Mr.	Address:	
Specimen signature:		
Specimen signature: Contact details (alternate authorised signatory):		
	Telephone:	
Contact details (alternate authorised signatory):		
Contact details (alternate authorised signatory): Last name:	Telephone:	
Contact details (alternate authorised signatory): Last name: First name:	Telephone: Fax:	