Form: ANNEX 2

Date of submission		01/07/2011
Section 1: Project Details		
1. Title of the CDM project activity	Southeast Caeté Mills Bagasse Cogeneration Project (SECMBCP)	
2. Please state reference number if available	0206	
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:		
Project Participant □ Project Participant	S. Focal Point	
Name of the entity: Econergy Brasil Ltda		
Party (country that authorised participation): Brazil		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Pinheiro	Telephone:	
First name: Flavio	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Da	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: Econergy Brasil Ltda		
Party (country that authorised participation): Switzerland		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Pinheiro	Telephone:	
First name: Flavio	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name:	Telephone:	
First name:	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.		

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: Usina Caeté S/A		
Party (country that authorised participation): Brazil		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Martignon	Telephone:	
First name: Leandro	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name:	Telephone:	
First name:	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.		