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	☒ 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):	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: 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.	