

1.) CORPORATION NAME:

The Freddie Mac Foundation, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ADEL ANTOUN
8250 JONES BRANCH DR MSA40
MCLEAN, VA**

SCC ID NO: **03688413**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8250 JONES BRANCH DRIVE

CITY/ST/ZIP: MCLEAN, VA 22102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ALICIA S MYARA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/S		
ADDRESS:	8250 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	WENDELL CHAMBLISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	8250 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	CLARICE DIBBLE-WALKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8250 JONES BRANCH DR		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	RONALD POE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8250 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	NICOLAS RETSINAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8250 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	ADEL ANTOUN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO / TREASURER		
ADDRESS:	8250 JONES BRANCH DR		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: MARK GOODIN TITLE: ASSOCIATE GC ADDRESS: 8250 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CAROLYN BYRD TITLE: DIRECTOR ADDRESS: 8250 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DWIGHT ROBINSON TITLE: DIRECTOR ADDRESS: 8250 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL MULLINGS TITLE: DIRECTOR ADDRESS: 8250 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ADEL ANTOUN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADEL ANTOUN, CFO / TREASURER _____ PRINTED NAME AND CORPORATE TITLE
3/31/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	